

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 06, 2008 8:00 am
Secretary of State

01-30-2008 90093 035 ***138.75

DOCUMENT # L07000057812 1. Entity Name H & A GYM, LLC					
Principal Place of Business 9110 BONITA BEACH ROAD BONITA SPRINGS, FL 34135			Mailing Address 9110 BONITA BEACH ROAD BONITA SPRINGS, FL 34135		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country			3. Mailing Address Suite, Apt. #, etc. City & State Zip Country		
01252008 Chg-LLC CR2E083 (12/06)			4. FEI Number 26-0333467		
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			Applied For ☐ Not Applicable		
6. Name and Address of Current Registered Agent SCHWINN, CHRISTINA H C/O PAVESE LAW FIRM 1833 HENDRY STREET FT. MYERS, FL 33901			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code		
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to: Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MGR KAHN, HARVEY 9989 COLONIAL WALK NORTH ESTERO, FL 33928	☐ Delete			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY- ST- ZIP	☐ Delete	☐ Change ☐ Addition			
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 1/25/08 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					

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