2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

FILED Apr 21, 2008 8:00 am Secretary of State

☐ Change

☐ Change

☐ Addition

☐ Addition

						Cooreate	3 747 7 6	. F C14	-040	
DOCUMENT # L07000070944						Secretary of State				
1. Entity Name SYNERGY FITNESS TRAINING, LLC						04-21-2008	90323 00	05 ***14	13.75	
				(OFF.)						
Principal Place of Business Mailing Address							_			
4131 TIDEVIEW DR 4131 TIDEVIEW DR JACKSONVILLE, FL 32250 US JACKSONVILLE, FL 32250 US										
					1.189311	71 BU 68111 1880 8870 8810 8811	I 2011 ISBN 87111	i isin sish sis	FB) 191 (EB)	
2. Principal P	Place of Business - No P.O. Box #	3. Mailing Address			— IIII					
1650	1	ME AS PRINCIPLE			ii 41) usin isan arih zaih cah	i er iü iren erili	I (STIN BYDY) ATD	331 111 1331		
Suite, Apt.		Suite, Apt. #, etc.			040320	08 Chg-LLC	CR2E08	3 (12/06)		
City & Stat		City & State			4. FEI Nu				olied For	
JACKSONVILLE, FL Zip Country		Zip Coun		<u> </u>	26 -0590198 Not Applice					
32224 USA		Zip Country		•	5. Certific	ate of Status Desired		se Required		
6. Name and Address of Current Registered Agent					7. Name	and Address of New R	egistered Aç	jent		
CORPORATION SERVICE COMPANY				Name						
1201 HAYS STREET				Street Address (P.O. Box Number is Not Acceptable)						
TALLAHASSEE, FL 32301						 		_		
3.5	ζ,		City					Zip Code		
.,			City				FL	Zip Code	,	
	 named entity submits this statement for tions of registered agent. 	the purpose of changing its	registered	l office or re	egistered agent, o	both, in the State of Flo	rida. I am fa	miliar with,	and accept	
]										
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable. (NOTE	: Registered A	Agent signature	required when reinstating	1)	DATE			
						44-1				
	E NOW!!! FEE IS \$138.75 y 1, 2008 Fee will be \$538.75						e check pay Departme	•		
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES			
TITLE	MGRM	☐ Delete	IIITE	^	NGRM	DOVICTEY		☐ Change	Addition	
NAME STREET ADDRESS	CAREY, KARLA 4131 TIDEVIEW DR		NAME	address L	YLER K.F +131 TIDEV	IEM DE				
CITY-ST-ZIP	JACKSONVILLE, FL 32250		CITY-S	T-ZIP	TACKSONVI	UE, FL 32250	>			
TITLE		☐ Delete	TITLE					Change	Addition	
NAME			NAME							
STREET ADDRESS CITY-ST-ZIP			STREET CITY-S	ADDRESS T-7IP						
TITLE		☐ Delete	TITLE					☐ Change	Addition	
NAME			NAME	ļ					AGGILLON	
STREET ADDRESS				ADDRESS					-	
CITY-ST-ZIP			CITY-S	T-ZIP					<u></u>	
TITLE		☐ Delete	TITLE		•			Change	Addition	
(WWIE	1									

CITY-ST-ZIP

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 cath; 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.

NAME

Delete

☐ Delete

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

SIGNATURE: WILL A CASH MACH YARLA J. CARRI, MGRM 4/11/08 (904)001-3005
SIGNATURE AND TYPED OR PRINTED HAVE OF SIGNING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date OF SIGNING Proces &