

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000074356

FILED  
Aug 30, 2011  
Secretary of State

**Entity Name:** FITNESS QUEST - PORT CHARLOTTE, LLC

**Current Principal Place of Business:**

4161 TAMIAMI TRAIL  
SUITE 103  
PORT CHARLOTTE, FL 33952 US

**New Principal Place of Business:**

**Current Mailing Address:**

4161 TAMIAMI TRAIL  
SUITE 103  
PORT CHARLOTTE, FL 33952 US

**New Mailing Address:**

**FEI Number:** 26-0673222

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BARTRUFF, JANE  
9230 FALCON CT.  
VENICE, FL 34293 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: NIPPERT, JASON R  
Address: 530 E. OLYMPIA AVE. #112  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGR  
Name: BARTRUFF, MACKENZIE M  
Address: 530 E. OLYMPIA AVE. #112  
City-St-Zip: PUNTA GORDA, FL 33950 US

Title: MGRM  
Name: SILVERSTEIN, HERBERT  
Address: 530 E. OLYMPIA AVE. SUITE 112  
City-St-Zip: PUNTA GORDA, FL 33950

Title: MGRM  
Name: LOVELL, ROBERT W  
Address: 530 E. OLYMPIA AVE SUITE 112  
City-St-Zip: PUNTA GORDA, FL 33950

I hereby certify that the information indicated on this report is true and accurate and that my electronic 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: MACKENZIE BARTRUFF

MGR

08/30/2011

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date