

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L07000097227

**FILED**  
**May 10, 2010**  
**Secretary of State**

**Entity Name:** KEITH'S CERTIFIED FITNESS TRAINING, LLC

**Current Principal Place of Business:**

1425 DOMAS DR  
JACKSONVILLE, FL 32211

**New Principal Place of Business:**

**Current Mailing Address:**

1425 DOMAS DR  
JACKSONVILLE, FL 32211

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For ( )**                      **FEI Number Not Applicable (X)**                      **Certificate of Status Desired (X)**

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

CLUSSMAN, KEITH  
1425 DOMAS DR  
JACKSONVILLE, FL 32211      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: KEITH CLUSSMAN

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: CLUSSMAN, KEITH  
Address: 1425 DOMAS DR  
City-St-Zip: JACKSONVILLE, FL 32211

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: KEITH CLUSSMAN

OWNE

05/10/2010

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