

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000104326

Entity Name: AFITNESS CONNECTION, LLC.

FILED
Apr 30, 2008
Secretary of State

Current Principal Place of Business:

1000 SW 128TH TERR
APT V412
PEMBROKE PINES, FL 33027 US

Current Mailing Address:

1000 SW 128TH TERR
APT V412
PEMBROKE PINES, FL 33027 US

New Principal Place of Business:

2924 DAVIE ROAD
SUITE 102
DAVIE, FL 33314 US

New Mailing Address:

2924 DAVIE ROAD
SUITE 102
DAVIE, FL 33314 US

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

Name and Address of Current Registered Agent:

LAWRENCE, ADAM
1000 SW 128TH TERR
APT V412
PEMBROKE PINES, FL 33027 US

Name and Address of New Registered Agent:

LAWRENCE, ADAM
2924 DAVIE ROAD
SUITE 102
DAVIE, FL 33314 US

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:

04/30/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: LAWRENCE, ADAM
Address: 1000 SW 128TH TERR APT V412
City-St-Zip: PEMBROKE PINES, FL 33027 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: LAWRENCE, ADAM
Address: 2924 DAVIE ROAD SUITE 102
City-St-Zip: DAVIE, FL 33314 US

Title: LMEM () Change (X) Addition
Name: SAMUELS, JASON
Address: 5031 SW 173 RD AVE
City-St-Zip: MIRAMAR, FL 33029

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: ADAM LAWRENCE

MGRM

04/30/2008

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