

2008 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000107168

Entity Name: A&D FITNESS COMPANY LLC

FILED
Oct 22, 2008
Secretary of State

Current Principal Place of Business:

2232 HIGHWAY 44 WEST
INVERNESS, FL 34453 US

New Principal Place of Business:

Current Mailing Address:

2232 HIGHWAY 44 WEST
INVERNESS, FL 34453 US

New Mailing Address:

FEI Number: FEI Number Applied For () FEI Number Not Applicable (X) Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS BLVD
SUITE A-100
TAMPA, FL 336123425 US

Name and Address of New Registered Agent:

MORENO, ANDREW
2232 HIGHWAY 44 WEST
SUITE A-100
INVERNESS, FL 34453 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: ANDREW MORENO

10/22/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: MORENO, ANDREW
Address: 2232 HIGHWAY 44 WEST
City-St-Zip: INVERNESS, FL 34453 US

Title: MGRM () Delete
Name: RIZZO, DORIAN
Address: 2232 HIGHWAY 44 WEST
City-St-Zip: INVERNESS, FL 34453 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANDREW MORENO

PRES

10/22/2008

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