

# 2009 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L07000107168

**FILED**  
**Oct 08, 2009**  
**Secretary of State**

**Entity Name:** A&D FITNESS COMPANY LLC

**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:** 26-1547754 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **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:**

**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

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

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

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

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

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

D

10/08/2009

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