

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000108079

FILED  
May 06, 2010  
Secretary of State

Entity Name: CROSSFIT DELRAY LLC

**Current Principal Place of Business:**

110 GLEASON ST  
APT 303  
DELRAY BEACH, FL 33483 US

**New Principal Place of Business:**

1405 N CONGRESS AVE.  
UNIT 14  
DELRAY BEACH, FL 33445 US

**Current Mailing Address:**

110 GLEASON ST  
APT 303  
DELRAY BEACH, FL 33483 US

**New Mailing Address:**

FEI Number: 26-2451896      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
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:**

MORSE, WILLIAM M  
495 NE 4TH STREET  
SUITE 7  
DELRAY BEACH, FL 33483 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: HOCHBERG, DAVID  
Address: 110 GLEASON ST APT 303  
City-St-Zip: DELRAY BEACH, FL 33483 US

Title: MGMR  
Name: BOWLING, SARAH M  
Address: 110 GLEASON ST APT 303  
City-St-Zip: DELRAY BEACH, FL 33483

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: DAVID S HOCHBERG

MR

05/06/2010

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