

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 09, 2008 8:00 am
Secretary of State

04-09-2008 90123 024 ***138.75

60021041



04012008 Chg-LLC CR2E083 (12/06)

4. FEI Number **26-1433309** Applied For ☐ Not Applicable ☒

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

DIVERSIFIED HEALTH & FITNESS, INC.
400 FAIRWAY DRIVE
SUITE 101
DEERFIELD BEACH, FL 33441

Name
Street Address (P.O. Box Number is Not Acceptable)
City **FL** Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☒ Delete
NAME WITTENBERNS, ROGER
STREET ADDRESS 400 FAIRWAY DRIVE, SUITE 101
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE MGR ☐ Change ☒ Addition
NAME Charles R. Cavuto
STREET ADDRESS 400 Fairway Drive, Suite 101
CITY-ST-ZIP Deerfield Beach, FL 33441

TITLE MGR ☒ Delete
NAME FABEL, BRUCE
STREET ADDRESS 400 FAIRWAY DRIVE, SUITE 101
CITY-ST-ZIP DEERFIELD BEACH, FL 33441

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Charles R. Cavuto

Date

Daytime Phone #

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Detail by Entity Name

Florida Limited Liability Company

LIBERTY FITNESS HOLDINGS, LLC

Filing Information

Document Number L07000116453

FEI Number NONE

Date Filed 11/19/2007

State FL

Status ACTIVE

Effective Date 11/19/2007

Principal Address

400 FAIRWAY DRIVE
SUITE 101
DEERFIELD BEACH FL 33441 US

Mailing Address

400 FAIRWAY DRIVE
SUITE 101
DEERFIELD BEACH FL 33441 US

Registered Agent Name & Address

DIVERSIFIED HEALTH & FITNESS, INC.
400 FAIRWAY DRIVE
SUITE 101
DEERFIELD BEACH FL 33441 US

Manager/Member Detail

Name & Address

Title MGR

WITTENBERNS, ROGER
400 FAIRWAY DRIVE, SUITE 101
DEERFIELD BEACH FL 33441

Title MGR

FABEL, BRUCE
400 FAIRWAY DRIVE, SUITE 101

ATTACHMENT

DEERFIELD BEACH FL 33441

Annual Reports

No Annual Reports Filed

Document Images

11/19/2007 -- Florida Limited Liability

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Note: This is not official record. See documents if question or conflict.

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