

**FILED**  
**Apr 29, 2008 8:00 am**  
**Secretary of State**

04-29-2008 90022 009 \*\*\*138.75

**2008 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**DOCUMENT # L07000117678**

1. Entity Name  
**FIT OPPORTUNITIES, LLC**



Principal Place of Business  
**3080 TAMiami TRAIL EAST  
NAPLES, FL 34112**

Mailing Address  
**3080 TAMiami TRAIL EAST  
NAPLES, FL 34112**

**60031268**



01212008 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **26-1821801**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**TRISER, COLLINS & VERNON, P.L.  
3080 TAMiami TRAIL EAST  
NAPLES, FL 34112**

Name  
**Treiser & Collins P L**  
Street Address (P.O. Box Number is Not Acceptable)  
**3080 Tamiami Trail East**  
City  
**Naples** FL Zip Code  
**34112**

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**MGRN  
Brainard, Elliott  
3080 Tamiami Trail East  
Naples, FL 34112**

☐ Delete

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

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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

Date

Daytime Phone #

*Authorized representative* (239) 649-4900