

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 15, 2008 8:00 am
Secretary of State

02-15-2008 90054 035 ***138.75

DOCUMENT # L07000123663

1. Entity Name
VIDA FITNESS, LLC.



60008490



02082008 Chg-LLC CR2E083 (12/06)

4. FEI Number **77-0707427** Applied F
Not Applic

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

6. Name and Address of Current Registered Agent

REYNOLDS, JASON
609 PARADISE CT
ATLANTIC BEACH, FL 32233

7. Name and Address of New Registered Agent

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 ac
the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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

TITLE **MGRM** ☐ Delete
NAME **REYNOLDS, JASON**
STREET ADDRESS **609 PARADISE CT**
CITY-ST-ZIP **ATLANTIC BEACH, FL 32233**

TITLE **MGRM** ☐ Delete
NAME **KEITH, SEAN**
STREET ADDRESS **2242 A 1ST AVE**
CITY-ST-ZIP **FERNADINA BEACH, FL 32034**

TITLE **MGRM** ☐ Delete
NAME **REYNOLDS, JACK**
STREET ADDRESS **1601 LYNNDAL CT**
CITY-ST-ZIP **BEL AIR, MD 21014**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

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

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

TITLE ☐ Change ☐ Ac
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CITY-ST-ZIP

TITLE ☐ Change ☐ Ac
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]

2/8/08