

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000128117

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Entity Name:** FLORIDA AIKIDO CENTER, LLC

**Current Principal Place of Business:**

4405 W. SOUTH AVENUE  
# D  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

305 S. EDGEWATER DR.  
PLANT CITY, FL 33565

**New Mailing Address:**

**FEI Number:** 45-0584064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BOCCOLUCCI, CHRISTINA M  
305 SOUTH EDGEWATER DRIVE  
PLANT CITY, FL 33565 US

**Name and Address of New Registered Agent:**

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: MGR  
Name: BOCCOLUCCI, GINA L  
Address: 305 S. EDGEWATER DR.  
City-St-Zip: TAMPA, FL 33565

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: GINA BOCCOLUCCI

MGR

04/20/2011

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