

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000000758

**FILED**  
**Apr 24, 2009**  
**Secretary of State**

**Entity Name:** TIEGH COLLINS PERSONAL TRAINING, LLC

**Current Principal Place of Business:**

202 BRAINARD DRIVE  
ST AUGUSTINE, FL 32086

**New Principal Place of Business:**

**Current Mailing Address:**

202 BRAINARD DRIVE  
ST AUGUSTINE, FL 32086

**New Mailing Address:**

**FEI Number:** 26-1720536

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

WATSON, TODD  
7785 BAYMEADOWS WAY, STE. 107  
JACKSONVILLE, FL 32256 US

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

WATSON, TODD  
12276 SAN JOSE BLVD.  
SUITE 721  
JACKSONVILLE, FL 32223 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:

04/24/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: COLLINS, TIEGH LANDON  
Address: 202 BRAINARD DRIVE  
City-St-Zip: ST AUGUSTINE, FL 32086

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TIEGH COLLINS

MGR

04/24/2009

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