

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000013009

**FILED**  
**Apr 05, 2012**  
**Secretary of State**

**Entity Name:** CROSSFIT FORT MYERS LLC

**Current Principal Place of Business:**

10970 SOUTH CLEVELAND AVENUE  
#103  
FORT MYERS, FL 33907 US

**New Principal Place of Business:**

12451 METRO PKWY  
#108  
FORT MYERS, FL 33966 US

**Current Mailing Address:**

3825 LUVERNE STREET  
FORT MYERS, FL 33901 US

**New Mailing Address:**

12451 METRO PKWY  
#108  
FORT MYERS, FL 33966 US

**FEI Number:** 26-1916394

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

COBB, JASON M  
3825 LUVERNE STREET  
FORT MYERS, FL 33901 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:** COBB, JASON M  
**Address:** 3825 LUVERNE STREET  
**City-St-Zip:** FORT MYERS, FL 33901 US

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:** JASON M. COBB

MGR

04/05/2012

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