

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000020970

Entity Name: MC FITNESS WORKS, LLC

FILED
Mar 05, 2009
Secretary of State

Current Principal Place of Business:

1656 SHADOWMOSS CIRCLE
LAKE MARY, FL 32746

New Principal Place of Business:

5250 WINDSOR LAKES CIRCLE
SANFORD, FL 32773

Current Mailing Address:

1656 SHADOWMOSS CIRCLE
LAKE MARY, FL 32746

New Mailing Address:

5250 WINDSOR LAKES CIRCLE
SANFORD, FL 32773

FEI Number: 26-2051543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

COHEN, MICHAEL M
1656 SHADOWMOSS CIRCLE
LAKE MARY, FL 32746 US

Name and Address of New Registered Agent:

COHEN, MICHAEL M
5250 WINDSOR LAKES CIRCLE
SANFORD, FL 32773 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: MICHAEL M COHEN

03/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COHEN, MICHAEL M
Address: 1656 SHADOWMOSS CIRCLE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: COHEN, MICHAEL M
Address: 5250 WINDSOR LAKES CIRCLE
City-St-Zip: SANFORD, FL 32773

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: MICHAEL M COHEN

MGRM

03/05/2009

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