

# **2010 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L08000023210

Entity Name: ABZ-SOLUTE-FITNESS LLC

**FILED**  
**Jan 26, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

628 BONAPATE DRIVE  
JACKSONVILLE, FL 32218

**New Principal Place of Business:**

5290-4 NORWOOD AVE  
JACKSONVILLE, FL 32208

**Current Mailing Address:**

PO BOX 2962  
JACKSONVILLE, FL 32203

**New Mailing Address:**

5290-4 NORWOOD AVE  
JACKSONVILLE, FL 32208

FEI Number: 26-2066862

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

STOKES, IVAN SR  
2142 BRIGHTON BAY TRAIL WEST  
JACKSONVILLE, FL 32246 US

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

HENRY, MELINDA  
628 BONAPERTE DRIVE  
JACKSONVILLE, FL 32218 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: MELINDA HENRY

01/26/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: DIR  
Name: HENRY, MELINDA  
Address: 628 BONAPARTE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR  
Name: LOCKET, DARRELL  
Address: 628 BONAPARTE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGR  
Name: BUNCHE, MYKEISHA  
Address: 628 BONAPARTE DRIVE  
City-St-Zip: JACKSONVILLE, FL 32218

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: MELINDA HENRY

DIR

01/26/2010

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