

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000023210

**FILED**  
**Jan 07, 2012**  
**Secretary of State**

**Entity Name:** ABZ-SOLUTE ATHLETIC PERFORMANCE, L.L.C.

**Current Principal Place of Business:**

5290-4 NORWOOD AVE  
JACKSONVILLE, FL 32208

**New Principal Place of Business:**

**Current Mailing Address:**

5290-4 NORWOOD AVE  
JACKSONVILLE, FL 32208

**New Mailing Address:**

**FEI Number:** 26-2066862

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

HENRY, MELINDA  
628 BONAPARTE DRIVE  
JACKSONVILLE, FL 32218 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:** 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:** DARRELL J LOCKET

MGR

01/07/2012

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