

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000032238

**FILED**  
**May 06, 2010**  
**Secretary of State**

**Entity Name:** VERTICAL FITNESS, L.L.C.

**Current Principal Place of Business:**

4141 S. TAMIAMI TRAIL  
#6  
SARASOTA, FL 34231

**New Principal Place of Business:**

**Current Mailing Address:**

5815 90TH AVE CIRCLE EAST  
PARRISH, FL 34219

**New Mailing Address:**

4141 S. TAMIAMI TRAIL  
#6  
SARASOTA, FL 34231

**FEI Number:** 37-1566002      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

BROWNING, ROBERT W JR.  
ONE NORTH TUTTLE AVENUE  
SARASOTA, FL 34237 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:** MGRM  
**Name:** PROSSER, LORRAINE  
**Address:** 5815 90TH AVE CIRCLE EAST  
**City-St-Zip:** PARRISH, FL 34219 US

**Title:** MGM  
**Name:** SCHULTZ, LAWRENCE M  
**Address:** 1944 263RD. STREET  
**City-St-Zip:** LOMITA, CA 90717 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:** LORRAINE PROSSER

MGRM

05/06/2010

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