

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000054843

FILED  
Apr 13, 2009  
Secretary of State

**Entity Name:** ADVANCED FITNESS SOLUTIONS, LLC

**Current Principal Place of Business:**

40 ROBINWOOD DRIVE NW  
FORT WALTON BEACH, FL 32548 US

**New Principal Place of Business:**

**Current Mailing Address:**

40 ROBINWOOD DRIVE NW  
FORT WALTON BEACH, FL 32548 US

**New Mailing Address:**

**FEI Number:** 26-2729928

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ROBINSON, LESLIE A  
40 ROBINWOOD DRIVE NW  
FORT WALTON BEACH, FL 32548 US

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

ADAMIC, LESLIE ANN R  
40 ROBINWOOD DRIVE NW  
FORT WALTON BEACH, FL 32548 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: LESLIE ANN ROBINSON ADAMIC

04/13/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: ROBINSON, LESLIE A  
Address: 40 ROBINWOOD DRIVE NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ADAMIC, LESLIE ANN R  
Address: 40 ROBINWOOD DRIVE NW  
City-St-Zip: FORT WALTON BEACH, FL 32548 US

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: LESLIE A-R ADAMIC

MGR

04/13/2009

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