## 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000057599

Address:

City-St-Zip:

Entity Name: HEALTH-FIT GOLF SYSTEMS, LLC

3011 LONGFORD DR STE 4

SPRINGHILL, TN 37174

FILED Apr 23, 2009 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 2240 SW 71ST TERRACE DAVIE, FL 33317 **Current Mailing Address: New Mailing Address:** 2240 SW 71ST TERRACE DAVIE, FL 33317 FEI Number: 26-2881150 FEI Number Applied For ( ) FEI Number Not Applicable ( ) Certificate of Status Desired ( ) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: CHRISTIE II, KEVIN 2240 SW 71ST TERRACE **DAVIE, FL 33317** 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition CHRISTIE II, KEVIN Name: Name: Address: 2240 SW 71ST TERRACE Address: City-St-Zip: **DAVIE, FL 33317 US** City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: HAWKINS, MARK Name:

Address:

City-St-Zip:

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: KEVIN M. CHRISTIE II MGRM 04/23/2009