

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060043

FILED
Apr 24, 2009
Secretary of State

Entity Name: CROSSFIT GAINESVILLE L.L.C.

Current Principal Place of Business:

919 SW 57TH TERR.
GAINESVILLE, FL 32607

New Principal Place of Business:

Current Mailing Address:

919 SW 57TH TERR.
GAINESVILLE, FL 32607

New Mailing Address:

FEI Number: 26-2831340

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

THORNDIKE, CHRISTOPHER M
919 SW 57TH TERR.
GAINESVILLE, FL 32607 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 () Delete
Name: THORNDIKE, CHRISTOPHER M
Address: 919 SW 57TH TERR
City-St-Zip: GAINESVILLE, FL 32607

Title: MGRM () Delete
Name: THORNDIKE, WILLIAM J III
Address: 110 PINEWOOD CT.
City-St-Zip: JUPITER, FL 33458

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
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: CHRIS THORNDIKE

MGRM

04/24/2009

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