

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000090844

Entity Name: 360 FIT LLC

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

**Current Principal Place of Business:**

9446 PHILIPS HWY  
STE 5A  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

9446 PHILIPS HWY  
STE 5A  
JACKSONVILLE, FL 32256

**New Mailing Address:**

FEI Number: 26-3433762

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SPIEGEL & UTRERA, P.A.  
1840 SW 22ND ST.  
4TH FLOOR  
MIAMI, FL 33145 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: PRES  
Name: MARSTON, AARON  
Address: 9446 PHILIPS HWY SUITE 5A  
City-St-Zip: JACKSONVILLE, FL 32256

Title: MD  
Name: CZERKAWSKI, JOSEPH J MD  
Address: 9446 PHILIPS HWY STE 5A  
City-St-Zip: JACKSONVILLE, FL 32256

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: PAULA PFLIEGER

MRS.

03/07/2012

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