2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2009
Secretary of State

DOCUMENT# L08000109761

Entity Name: FIGHT FOR LIFE FITNESS, LLC

Current Principal Place of Business:

9823 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

New Principal Place of Business:

Current Mailing Address:

9823 TREE TOPS LAKE ROAD
TAMPA, FL 33626 US

New Mailing Address:

FEI Number: **FEI Number Applied For (X)** **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:

JENSEN, PAUL C
2001 16TH STREET NORTH
ST. PETERSBURG, FL 33704 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: MGR ( ) Delete
Name: ASMER, MICHAEL
Address: 4935 MELROSE AVENUE SOUTH
City-St-Zip: TAMPA, FL 33629 US

Title: MGR ( ) Delete
Name: DILICK, MIKE
Address: 16333 GREENWICH DRIVE
City-St-Zip: NOBLESVILLE, IN 46062 US

Title: MGR ( ) Delete
Name: FERNANDEZ, PETER
Address: 2880 NORTH ROAD
City-St-Zip: CLEARWATER, FL 33760 US

Title: MGR ( ) Delete
Name: MUNYON, CHRIS
Address: 9823 TREE TOPS LAKE ROAD
City-St-Zip: TAMPA, FL 33626 US

ADDITIONS/CHANGES:

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

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

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: CHRISTOPHER MUNYON MGR 05/01/2009
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date