

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000006856

**FILED**  
**Jan 05, 2012**  
**Secretary of State**

**Entity Name:** SOUTH FLORIDA CROSSFIT LLC

**Current Principal Place of Business:**

5150 SW 48TH WAY  
607  
DAVIE, FL 33314

**New Principal Place of Business:**

**Current Mailing Address:**

5150 SW 48TH WAY  
607  
DAVIE, FL 33314

**New Mailing Address:**

**FEI Number:** 26-4123461

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DAVID, FERNANDO  
10871 SW 11 MANOR  
DAVIE, FL 33324 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  
**Name:** DAVID, FERNANDO  
**Address:** 10871 SW 11 MANOR  
**City-St-Zip:** DAVIE, FL 33324

**Title:** MGRM  
**Name:** DOUGHERTY, THOMAS  
**Address:** 501 SE 2 ST APT 921  
**City-St-Zip:** FORT LAUDERDALE, FL 33301

**Title:** MGRM  
**Name:** DAVID, WANDA  
**Address:** 10871 SW 11 MANOR  
**City-St-Zip:** DAVIE, FL 33324

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:** WANDA DAVID

MGRM

01/05/2012

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