

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000019496

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** COMBAT CONCEPTS & FITNESS L.L.C.

**Current Principal Place of Business:**

1102 SE 10TH STREET  
OKEECHOBEE, FL 34974

**New Principal Place of Business:**

415 W SOUTH PARK ST  
OKEECHOBEE, FL 34972

**Current Mailing Address:**

1102 SE 10TH STREET  
OKEECHOBEE, FL 34974

**New Mailing Address:**

P.O. BOX 2204  
OKEECHOBEE, FL 34973

**FEI Number:** 94-3469700

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RAY, COLEMAN P C.E.O.  
1102 SE 10TH STREET  
OKEECHOBEE, FL 34974 US

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

RAY, SUSAN P MGR  
1102 SE 10TH STREET  
OKEECHOBEE, FL 34974 US

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: SUSAN RAY

02/16/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: CEO  
Name: RAY, COLEMAN P  
Address: 1102 S.E. 10TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

Title: MGR  
Name: RAY, SUSAN P  
Address: 1102 S.E. 10TH STREET  
City-St-Zip: OKEECHOBEE, FL 34974

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: SUSAN RAY

MGR

02/16/2011

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