

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000026714

**FILED**  
**Apr 30, 2011**  
**Secretary of State**

**Entity Name:** COMBAT MARTIAL ARTS & FITNESS, LLC

**Current Principal Place of Business:**

11570 SAN JOSE BLVD.  
SUITE 8  
JACKSONVILLE, FL 32223 US

**New Principal Place of Business:**

**Current Mailing Address:**

11570 SAN JOSE BLVD.  
SUITE 8  
JACKSONVILLE, FL 32223 US

**New Mailing Address:**

**FEI Number:** 27-0936171

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BROWN, KIMBERLY S  
11570 SAN JOSE BLVD.  
SUITE 8  
JACKSONVILLE, FL 32223 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  
**Name:** BROWN, DARYL H SR.  
**Address:** 11570 SAN JOSE BLVD. SUITE 7  
**City-St-Zip:** JACKSONVILLE, FL 32223 US

**Title:** MGRM  
**Name:** BROWN, KIMBERLY S  
**Address:** 11570 SAN JOSE BLVD. SUITE 7  
**City-St-Zip:** JACKSONVILLE, FL 32223 US

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: KIMBERLY BROWN

MGRM

04/30/2011

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