

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000067282

**FILED**  
**Feb 10, 2012**  
**Secretary of State**

**Entity Name:** ELECTRA HEALTH CLUB AND SPA LLC

**Current Principal Place of Business:**

908 RIVERSIDE DR  
SUITE 300  
PALMETTO, FL 34221 US

**New Principal Place of Business:**

**Current Mailing Address:**

908 RIVERSIDE DR  
SUITE 300  
PALMETTO, FL 34221 US

**New Mailing Address:**

**FEI Number:** 26-1942596

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, SUSAN E  
908 RIVERSIDE DR  
SUITE 300  
PALMETTO, FL 34221 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:** CROWE, JOHN S  
**Address:** 908 RIVERSIDE DR. SUITE 300  
**City-St-Zip:** PALMETTO, FL 34221 US

**Title:** MGR  
**Name:** ANDERSON, SUSAN E  
**Address:** 908 RIVERSIDE DRIVE, SUITE 300  
**City-St-Zip:** PALMETTO, FL 34221 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:** SUSAN ANDERSON

MGR

02/10/2012

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