

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075255

Entity Name: PEAK CARDIO, L.L.C.

**FILED**  
**Mar 10, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

513 CLEMATIS STREET  
WEST PALM BEACH, FL 33401

**New Principal Place of Business:**

**Current Mailing Address:**

513 CLEMATIS STREET  
WEST PALM BEACH, FL 33401

**New Mailing Address:**

1803 N. FLAGLER DRIVE  
APT 207  
WEST PALM BEACH, FL 33407

FEI Number: 27-0696294

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STOUFFER, BLAKE C  
719 PARK PLACE  
WEST PALM BEACH, FL 33401 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: FIX, CHRIS  
Address: 1803 N. FLAGLER DRIVE, APT 207  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: MGR  
Name: STOUFFER, BLAKE C  
Address: 719 PARK PLACE  
City-St-Zip: WEST PALM BEACH, FL 33401

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: CHRIS FIX

MGRM

03/10/2010

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