

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000075255

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

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

321 S. DIXIE HIGHWAY  
WEST PALM BEACH, FL 33401

## **New Principal Place of Business:**

321 S. DIXIE HIGHWAY  
APT 207  
WEST PALM BEACH, FL 33401 UN

## **Current Mailing Address:**

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

## **New Mailing Address:**

FEI Number: 27-0696294      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

FIX, CHRIS  
1803 N. FLAGLER DRIVE  
APT 207  
WEST PALM BEACH, FL 33407 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: 214 MALVERNE RD  
City-St-Zip: WEST PALM BEACH, FL 33405

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      01/04/2012

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