

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000076231

Entity Name: FLORIDA GET FIT, LLC

**FILED**  
**Apr 18, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

3525 AGRICULTURAL CENTER DR  
ST AUGUSTINE, FL 32092

**New Principal Place of Business:**

3525 AGRICULTURAL CENTER DRIVE  
ST AUGUSTINE, FL 32092

**Current Mailing Address:**

528 CEDAR ARBOR CT.  
ST AUGUSTINE, FL 32084

**New Mailing Address:**

3525 AGRICULTURAL CENTER DRIVE  
ST AUGUSTINE, FL 32092

FEI Number: 27-0695567

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

GIBBS, MARY  
1319 WESTLAWN DR.  
JACKSONVILLE, FL 32211 US

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

FARMER, SARAH A  
917 INDIAN RIVER ROAD  
SAINT AUGUSTINE, FL 32092 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: SARAH A FARMER

04/18/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LYONS, GEORGE T SR  
Address: 52 TUSCAN WAY SUITE 200  
City-St-Zip: ST AUGUSTINE, FL 32092

Title: MGRM  
Name: FARMER, SARAH A  
Address: 917 INDIAN RIVER ROAD  
City-St-Zip: SAINT AUGUSTINE, FL 32092

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: GEORGE T LYONS

MGMR

04/18/2012

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