

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000007486

FILED  
Mar 17, 2011  
Secretary of State

**Entity Name:** ATHLETIC RECOVERY ZONE, LLC

**Current Principal Place of Business:**

2575 EDISON AVENUE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2575 EDISON AVENUE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 27-1762864

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHNSON, STEPHEN  
26243 WILLIE HODGES ROAD  
HILLIARD, FL 32046 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: JOHNSON, STEPHEN  
Address: 26243 WILLIE HODGES ROAD  
City-St-Zip: HILLIARD, FL 32046

Title: MGRM  
Name: CHANEY, MICHAEL E  
Address: 1408 JUNIOR ROAD  
City-St-Zip: JACKSONVILLE, FL 32218

Title: MGRM  
Name: QUILLEN, WILLIAM  
Address: 1403 STARWAN ROAD E.  
City-St-Zip: JACKSONVILLE, FL 32211

Title: MGRM  
Name: COTHREN, BRIAN  
Address: 7686 RIVER AVENUE  
City-St-Zip: FLEMING ISLAND, FL 32003

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: BRIAN COTHREN

MGRM

03/17/2011

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