

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000062541

Entity Name: TWISTED FITNESS L.L.C.

**FILED**  
**Mar 23, 2011**  
**Secretary of State**

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

1200 WEST AVE  
725  
MIAMI BEACH, 33139

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

7300 BISCAYNE BLVD.  
SUITE 100  
MIAMI, FL 33138

## **Current Mailing Address:**

1200 WEST AVE  
725  
MIAMI BEACH, 33139

## **New Mailing Address:**

7300 BISCAYNE BLVD.  
SUITE 100  
MIAMI, FL 33138

FEI Number: 90-0587144

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JIGGINS, JAY  
1200 WEST AVE, #725  
MIAMI BEACH, FL 33139 US

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

IRONFLOWER FITNESS  
7300 BISCAYNE BLVD  
SUITE 100  
MIAMI, FL 33138 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: JAY JIGGINS

03/23/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JIGGINS, JAY  
Address: 1200 WEST AVE, #725  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: MGRM  
Name: ALFARO, PATRICIA  
Address: 770 NE 69 STREET, #30  
City-St-Zip: MIAMI, FL 33138

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: JAY JIGGINS

MGMR

03/23/2011

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