

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000064249

**FILED**  
**Jan 27, 2011**  
**Secretary of State**

**Entity Name:** CROSSFIT RIPPED HEALTH AND FITNESS, LLC

**Current Principal Place of Business:**

6673 BELLA VISTA AVE  
PEMBROKE PINES, FL 33331

**New Principal Place of Business:**

1324 SW 160TH AVE  
SUNRISE, FL 33326

**Current Mailing Address:**

6673 BELLA VISTA AVE  
PEMBROKE PINES, FL 33331

**New Mailing Address:**

1324 SW 160TH AVE  
SUNRISE, FL 33326

**FEI Number:** 27-3016656

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEEDEE HOLDINGS, LLC  
6673 BELLA VISTA AVE  
PEMBROKE PINES, FL 33331 US

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

SCOTT, GRUEBELE  
6673 BELLA VISTA AVE  
PEMBROKE PINES, FL 33331 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: SCOTT GRUEBELE

01/27/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: GRUEBELE, SCOTT  
Address: 6673 BELLA VISTA AVE  
City-St-Zip: PEMBROKE PINES, FL 33331

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: SCOTT GRUEBELE

MNGR

01/27/2011

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