

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081830

Entity Name: TNT FIT LLC

**FILED**  
**Apr 20, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

343 NE 1ST AVE  
UNIT A  
OCALA, FL 34470 06

**New Principal Place of Business:**

**Current Mailing Address:**

343 NE 1ST AVE  
UNIT A  
OCALA, FL 34470 06

**New Mailing Address:**

FEI Number: 27-3192731

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

RIVERA, TRACI L  
956 NE 50TH AVE.  
OCALA, FL FL US

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

RIVERA, TRACI L  
5671 NE 6TH CT  
OCALA, FL 34479 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: TRACI L RIVERA

04/20/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RIVERA, TRACI L  
Address: 343 NE 1ST AVE UNIT A  
City-St-Zip: Ocala, FL 344706606 US

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: TRACI L RIVERA

MGRM

04/20/2011

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