

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000085371

Entity Name: BLEND FITNESS LLC

**FILED**  
**Mar 31, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

18923 STATE RD 54  
LUTZ, FL 33558 US

**New Principal Place of Business:**

**Current Mailing Address:**

18923 STATE RD 54  
LUTZ, FL 33558 US

**New Mailing Address:**

FEI Number: 27-3422251

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ALLEGRETTO, ANTHONY J  
14311 MOON FLOWER DR  
TAMPA, FL 33626 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: ALLEGRETTO, ANTHONY J  
Address: 14311 MOON FLOWER DR  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM  
Name: DALKALITSIS, DIMITRIOS J  
Address: 8811 CASABLANCA WAY  
City-St-Zip: TAMPA, FL 33626 US

Title: MGRM  
Name: ARIGONI, JASON H  
Address: 8127 WINTER ST  
City-St-Zip: BROOKSVILLE, FL 34613 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: ANTHONY ALLEGRETTO

MGRM

03/31/2011

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