

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000116511

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

**Entity Name:** FIT LIFE OF JAX LLC

**Current Principal Place of Business:**

10290 PHILLILPS HWY #3  
JACKSONVILLE, FL 32256

**New Principal Place of Business:**

**Current Mailing Address:**

10290 PHILLILPS HWY #3  
JACKSONVILLE, FL 32256

**New Mailing Address:**

**FEI Number:** 27-3081219

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WILKERSON, LEWIS  
10290 PHILLILPS HWY #3  
JACKSONVILLE, FL 32256 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:** SOBERANO, MICHAEL MD  
**Address:** 10290 PHILLILPS HWY #3  
**City-St-Zip:** JACKSONVILLE, FL 32256

**Title:** MGRM  
**Name:** WILKERSON, LEWIS  
**Address:** 10000 GATE PARKWAY NORTH #1226  
**City-St-Zip:** JACKSONVILLE, FL 32246

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:** MICHAEL M. SOBERANO

MGRM

02/23/2011

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