

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000015346

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** ANYTIME FITNESS DADE CITY LLC

**Current Principal Place of Business:**

1961 WOOD BEND ST  
TARPON SPRINGS, FL 34689 US

**New Principal Place of Business:**

14540 7TH ST  
DADE CITY, FL 33523 US

**Current Mailing Address:**

1961 WOOD BEND ST  
TARPON SPRINGS, FL 34689 US

**New Mailing Address:**

2217 TUSCANY TRACE #186  
PALM HARBOR, FL 34683 US

**FEI Number:** 27-4817185

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KATSARELIS, NOMIKI  
1961 WOOD BEND ST  
TARPON SPRINGS, FL 34689 US

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

KATSARELIS, NOMIKI  
2217 TUSCANY TRACE #186  
PALM HARBOR, FL 34683 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: NOMIKI KATSARELIS

04/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: KATSARELIS, NOMIKI  
Address: 2217 TUSCANY TRACE #186  
City-St-Zip: PALM HARBOR, FL 34683 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: NOMIKI KATSARELIS

PRES

04/14/2012

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