

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000035151

**FILED**  
**Feb 23, 2012**  
**Secretary of State**

**Entity Name:** PASCO HEALTH & FITNESS, LLC

**Current Principal Place of Business:**

23600 STATE RD 54  
LUTZ, FL 33559 US

**New Principal Place of Business:**

**Current Mailing Address:**

23600 STATE RD 54  
LUTZ, FL 33559 US

**New Mailing Address:**

**FEI Number:** 45-1093850

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

ANDERSON, KAREN R  
23600 STATE RD 54  
LUTZ, FL 33559 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: ANDERSON, KAREN R  
Address: 3320 STONEMAN LOOP  
City-St-Zip: LAND O' LAKES, FL 34638 US

Title: MGRM  
Name: FUENTES, JOHNATHAN C  
Address: 11724-D RAINTREE LAKE LN  
City-St-Zip: TAMPA, FL 33617 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: KAREN ANDERSON

MGRM

02/23/2012

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