2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2012
Secretary of State

DOCUMENT# L11000109541

Entity Name: FIT FULL FORCE LLC

Current Principal Place of Business:

1694 PLYMOUTH SORRENTO ROAD
APOPKA, FL 32712 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 966
PLYMOUTH, FL 32768 US

New Mailing Address:

FEI Number: 45-4756230 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCHAFER, ALICIA D
1694 PLYMOUTH SORRENTO ROAD
APOPKA, FL 32712 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: MGR
Name: SCHAFER, ALICIA D
Address: 1694 PLYMOUTH SORRENTO ROAD
City-St-Zip: APOPKA, FL 32712 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 Statues.

SIGNATURE: ALICIA D. SCHAFER MGR 04/17/2012

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