

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000117736

**Entity Name:** ICONQUER FITNESS, LLC

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

10132 MUSKET LANE  
ORLANDO, FL 32821

**New Principal Place of Business:**

**Current Mailing Address:**

10132 MUSKET LANE  
ORLANDO, FL 32821

**New Mailing Address:**

**FEI Number:** 45-3671054

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

PYLE, CAITLIN  
10132 MUSKET LANE  
ORLANDO, FL 32821 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: PYLE, CAITLIN  
Address: 10132 MUSKET LANE  
City-St-Zip: ORLANDO, FL 32821

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: CAITLIN J PYLE

MGR

03/21/2012

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