

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000129797

**Entity Name:** J.A.B. FIT LIFE, LLC.

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

**Current Principal Place of Business:**

6161 N. MEMORIAL HWY, APT. 901  
TAMPA, FL 33615

**New Principal Place of Business:**

**Current Mailing Address:**

6161 N. MEMORIAL HWY, APT. 901  
TAMPA, FL 33615

**New Mailing Address:**

**FEI Number:** 45-3811653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLAIR, JHONNATHAN A  
6161 N. MEMORIAL HWY, APT. 901  
TAMPA, FL 33615 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:** BLAIR, JHONNATHAN A  
**Address:** 6161 N. MEMORIAL HWY, APT. 901  
**City-St-Zip:** TAMPA, FL 33615

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: JHONNATHAN BLAIR

MGR

02/21/2012

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