

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002466

1. Entity Name

WORK OUT YOUR SWING, L.L.C.

FILED

01 JAN 31 AM 10:08

Principal Place of Business

C/O DARYL B. CRAMER & ASSOC., P.A.  
515 N FLAGLER DR., STE 910  
WEST PALM BEACH FL 33401-4325

Mailing Address

C/O DARYL B. CRAMER & ASSOC., P.A.  
515 N FLAGLER DR., STE 910  
WEST PALM BEACH FL 33401-4325

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business

Daryl Cramer & Assoc., P.A.

3. Mailing Address

C/O Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste 910

Suite, Apt. #, etc.

515 N. Flagler Dr., Ste. 910

DO NOT WRITE IN THIS SPACE

City & State

West Palm Beach, FL

City & State

West Palm Beach, FL

4. FEI Number

65-0874226

Applied For

Not Applicable

Zip

33401-4325

Country

USA

Zip

33401-4325

Country

USA

5. Certificate of Status Desired

☒

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DARYL B. CRAMER & ASSOCIATES, P.A.  
515 N. FLAGLER DRIVE #910  
WEST PALM BEACH FL 33401-4325

7. Name and Address of New Registered Agent

Name

Daryl Cramer & Associates, P.A.

Street Address (P.O. Box Number is Not Acceptable)

515 N. Flagler Drive, Suite 910

City

West Palm Beach

FL

Zip Code

33401-4325

8. 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

Signature, typed or printed name of registered agent and title if applicable.

Daryl B. Cramer, President

(NOTE: Registered Agent signature required when reinstating)

2/1/00  
DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE MGR  
NAME MUTH, JESSICA P  
STREET ADDRESS 8336 QUAIL MEADOW WAY  
CITY-ST-ZIP WEST PALM BEACH FL 33412

☐ Delete

10. ADDITIONS/CHANGES

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ Delete

TITLE  
NAME  
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CITY-ST-ZIP

☐ Change ☐ Addition

000003657030--7  
-02/08/01--01012--023  
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CITY-ST-ZIP

☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

Jessica Muth

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1-26-01

Date

561-7990225

Daytime Phone #

CR2E083 (11/00)