

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90038 009 ****55.00

DOCUMENT # L98000002466

1. Entity Name

WORK OUT YOUR SWING, L.L.C.



Principal Place of Business

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

Mailing Address

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

2. Principal Place of Business

c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.
3801 PGA Blvd., Ste. 508

City & State
Palm Beach Gardens, FL

Zip
33410

Country
USA

3. Mailing Address

c/o Daryl Cramer & Assoc., P.A.

Suite, Apt. #, etc.
3801 PGA Blvd., Ste. 508

City & State
Palm Beach Gardens, FL

Zip
33410

Country
USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number
65-0874226

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

DARYL 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)
3801 PGA Boulevard

Suite 508

City **Palm Beach Gardens** **FL** Zip Code **33410**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent, or authorized representative. (NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

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

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Delete
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS / CHANGES

TITLE
MGR ☒ Change ☐ Addition
NAME
Parnevik, Jessica P.
STREET ADDRESS
19489 Harbor Road S.
CITY-ST-ZIP
Tequesta, FL 33469

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME ☐ Change ☐ Addition
STREET ADDRESS
CITY-ST-ZIP

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 Parnevik

X Apr 16th 03 K(SU)6597005

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

Date

Daytime Phone #

CR2E083 (10/02)