

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90184 017 ****50.00

DOCUMENT # M99000000323

1. Entity Name
FLORIDA FITNESS SERVICES, LLC



Principal Place of Business

**300 OAK STREET
PEMBROKE MA 02359**

Mailing Address

**P.O. BOX 452095
KISSIMMEE FL 34745-2095**

2. Principal Place of Business

409 Columbia Blvd.

3. Mailing Address

PO Box 452095

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Haver, MA

City & State

Kissimmee, FL

Zip

02339

Country

Zip

34745-2095

Country

4. FEI Number **04-3308841**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

**KEENE, GEORGIA
217 SEABREEZE CIRCLE
KISSIMMEE FL 34743**

7. Name and Address of New Registered Agent

Name **Keene, Georgia**

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

2463 Quail Hollow Ave.

City

Kissimmee, FL

FL

Zip Code

34744

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 **Cynthia J. Keene**
Signature, typed or printed name of registered agent and title if applicable.

Georgia B. Keene
(NOTE: Registered Agent signature required when reinstating)

4/28/03
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 **MGRM** ☐ Delete
NAME **KEENE, GEORGIA**
STREET ADDRESS **217 SEABREEZE CIRCLE**
CITY-ST-ZIP **KISSIMMEE FL 34743**

TITLE **MGRM** ☐ Delete
NAME **MURRAY, STEVE**
STREET ADDRESS **P.O. BOX 479**
CITY-ST-ZIP **GREEN HARBOUR MA 02041**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS **2463 Quail Hollow Ave.**
CITY-ST-ZIP **Kissimmee, FL 34744**

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

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

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

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

TITLE ☐ Change ☐ Addition
NAME
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: **Cynthia J. Keene**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/28/03 **407-348-**
Date Daytime Phone # **6116**

CR2E083 (10/02)