2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 10, 2014
Secretary of State
CC4279025876

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Entity Name: MAXWELL'S FITNESS PROGRAMS, LLC

Current Principal Place of Business:

5889 S. WILLIAMSON BLVD.
1318
PORT ORANGE, FL 32128

Current Mailing Address:

5889 S. WILLIAMSON BLVD.
1318
PORT ORANGE, FL 32128

FEI Number: 59-3670345

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FULLER, DAVID DJR
630 N. WILD OLIVE AVE STE A
DAYTONA BEACH, FL 32114 US

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

Authorized Person(s) Detail :

Title	MGRM
Name	MAXWELL, ROBERT J
Address	5889 S. WILLIAMSON BLVD., SUITE 1318
City-State-Zip:	PORT ORANGE FL 32128

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBERT MAXWELL OWNER 04/10/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date