

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L05000084701

**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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ROBERT MAXWELL

**OWNER**

**02/20/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date