

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060043

**Entity Name:** CROSSFIT GAINESVILLE L.L.C.

**Current Principal Place of Business:**

1126 NW 2ND ST.  
B  
GAINESVILLE, FL 32601

**Current Mailing Address:**

1126 NW 2ND ST.  
B  
GAINESVILLE, FL 32601

**FEI Number: 26-2831340**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

THORNDIKE, CHRISTOPHER M  
1126 NW 2ND ST.  
B  
GAINESVILLE, FL 32601 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 THORNDIKE, CHRISTOPHER M  
Address 1126 NW 2ND ST. STE. B  
City-State-Zip: GAINESVILLE FL 32601

Title MGRM  
Name THORNDIKE, WILLIAM JIII  
Address 1126 NW 2ND ST. STE. B  
City-State-Zip: JUPITER FL 32601

*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: CHRISTOPHER THORNDIKE**

**MGMR**

**02/26/2014**

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

\_\_\_\_\_  
Date