

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000060751

Entity Name: PERSONAL HEALTHY INNOVATIVE TRAINING LLC

Current Principal Place of Business:

5910 PARK ST
JACKSONVILLE, FL 32205

Current Mailing Address:

5910 PARK ST
JACKSONVILLE, FL 32205

FEI Number: 26-2837215

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DELEON WARREN, PATRICE M
5910 PARK ST
JACKSONVILLE, FL 32205 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 MGR
Name DELEON WARREN, PATRICE M
Address 5910 PARK ST
City-State-Zip: JACKSONVILLE FL 32205

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: PATRICE DELEON WARREN

OWNER

01/12/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date