**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Apr 08, 2015**
**Secretary of State**
**CC2919878910**

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/MANAGER 04/08/2015

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