

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007486

**Entity Name:** ATHLETIC RECOVERY ZONE, LLC

**Current Principal Place of Business:**

2575 EDISON AVENUE  
JACKSONVILLE, FL 32204

**Current Mailing Address:**

2575 EDISON AVENUE  
JACKSONVILLE, FL 32204

**FEI Number: 27-1762864**

**Certificate of Status Desired: No**

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

COTHREN, BRIAN  
2575 EDISON AVENUE  
JACKSONVILLE, FL 32204 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: BRIAN COTHREN**

**03/25/2015**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name COTHREN, BRIAN  
Address 2047 CASTLE POINT CT  
City-State-Zip: FLEMING ISLAND FL 32003

*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: BRIAN COTHREN**

**MANAGER**

**03/25/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date