

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000007486

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

**Current Principal Place of Business:**

546 ELLIS RD S  
JACKSONVILLE, FL 32254

**Current Mailing Address:**

546 ELLIS RD S  
JACKSONVILLE, FL 32254 US

**FEI Number:** 27-1762864

**Certificate of Status Desired:** No

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

COTHREN, BRIAN  
546 ELLIS RD S  
JACKSONVILLE, FL 32254 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

02/15/2017

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

Title MGRM  
Name QUILLEN, WILLIAM E SR.  
Address 1403 STARWAN RD E  
City-State-Zip: JACKSONVILLE FL 32211

*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

02/15/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date