

2016 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

04/06/2016

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

04/06/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date