2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 08, 2014
Secretary of State
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Entity Name: CROSSFIT RIPPED HEALTH AND FITNESS, LLC

Current Principal Place of Business:

1740 N. COMMERCE PARKWAY
WESTON, FL 33326

Current Mailing Address:

1740 N. COMMERCE PARKWAY
WESTON, FL 33326 US

FEI Number: 27-3016656

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCOTT, GRUEBELE
6673 BELLA VISTA AVE
PEMBROKE PINES, FL 33331 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	GRUEBELE, SCOTT
Address	6673 BELLA VISTA AVE
City-State-Zip:	PEMBROKE PINES FL 33331

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: SCOTT GRUEBELE MANAGING MEMBER 01/08/2014

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