

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000038469

**Entity Name:** AGILE LIFE FITNESS, LLC

**Current Principal Place of Business:**

4025 N. NOB HILL ROAD  
APT 305  
SUNRISE, FL 33351

**Current Mailing Address:**

4025 N. NOB HILL ROAD  
APT 305  
SUNRISE, FL 33351 US

**FEI Number:** 45-1624965

**Certificate of Status Desired:** No

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

MIRMELLI, STEWART ESQ.  
340 WEST FLAGLER STREET  
SECOND FLOOR  
MIAMI, FL 33130 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            CEO  
Name            DOMINGUEZ , LUISA E  
Address        4025 N. NOB HILL ROAD  
                  APT 305  
City-State-Zip:    SUNRISE FL 33351

Title            MGRM  
Name            DOMINGUEZ, DANIEL R  
Address        4025 N. NOB HILL ROAD  
City-State-Zip:    SUNRISE FL 33351

*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:** LUISA DOMINGUEZ

CEO

03/02/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date