

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000130130

Entity Name: TAMPA MARTIAL ARTS & WELLNESS CENTER, LLC

Current Principal Place of Business:

4405 W. SOUTH AVE.

#D

TAMPA, FL 33614

Current Mailing Address:

4405 W. SOUTH AVE.

#D

TAMPA, FL 33614

FEI Number: 46-2634433

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BOCCOLUCCI, CHRISTINA

1102 N. ALEXANDER ST.

#414

PLANT CITY, FL 33563 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 MRG

Name BOCCOLUCCI, GINA

Address 4405 W. SOUTH AVE., #D

City-State-Zip: TAMPA FL 33614

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: GINA BOCCOLUCCI

MANAGER

04/24/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date