

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000023121

Entity Name: AM PERSONAL TRAINING LLC

Current Principal Place of Business:

4390 MARINERS COVE DR
WELLINGTON, FL 33449

Current Mailing Address:

4390 MARINERS COVE DR
WELLINGTON, FL 33449

FEI Number: 46-2024619

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MOSS, ADREANA A
4390 MARINERS COVE DR
WELLINGTON, FL 33449 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	Title	MANAGER
Name	MOSS, ADREANA A	Name	MOSS, JAMES R
Address	4390 MARINERS COVE DR	Address	4390 MARINERS COVE DR
City-State-Zip:	WELLINGTON FL 33449	City-State-Zip:	WELLINGTON FL 33449

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: ADREANA A MOSS

MANAGER

01/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date