

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000049378

**Entity Name:** SOUTH FLORIDA ABSOLUTE HEALTH AND FITNESS LLC

**Current Principal Place of Business:**

804 WHITE STREET  
KEY WEST, FL 33040

**Current Mailing Address:**

804 WHITE STREET  
KEY WEST, FL 33040

**FEI Number:** 46-2447500

**Certificate of Status Desired:** No

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

ROBBINS, RAQUEL  
804 WHITE STREETE  
KEY WEST, FL 33040 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:** RAQUEL ROBBINS

03/28/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	MGR
Name	ROBBINS, RAQUEL	Name	MCCARTHY, DIMITRIOS
Address	804 WHITE STREET	Address	804 WHITE STREET
City-State-Zip:	KEY WEST FL 33040	City-State-Zip:	KEY WEST FL 33040

*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:** RAQUEL ROBBINS

MGR

03/28/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date