

2014 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:

MARSHALL, KERRY
731 W CAMINO REAL
BOCA RATON, FL 33486 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 ROBBINS, RAQUEL
Address 840 WHITE STREET
City-State-Zip: KEY WEST FL 33040

Title MGR
Name MCCARTHY, DIMITRIOS
Address 840 WHITE STREET
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

OWNER

02/17/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date