

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000091581

Entity Name: LIVING PROOF HEALTH & FITNESS LLC

Current Principal Place of Business:

6851 ASCOT DRIVE
102
NAPLES, FL 34113

Current Mailing Address:

6851 ASCOT DRIVE
102
NAPLES, FL 34113

FEI Number: 46-3069374

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, KIMBERLY M
6851 ASCOT DRIVE
102
NAPLES, FL 34113 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 MGRM
Name WILLIAMS, KIMBERLY
Address 6851 ASCOT DRIVE NO 102
City-State-Zip: NAPLES FL 34113

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: KIMBERLY WILLIAMS

MGRM

03/09/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date