

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000100702

**Entity Name:** VIGOR HEALTH & FITNESS, LLC

**Current Principal Place of Business:**

1200 HOLIDAY DRIVE  
SUITE 803  
FT. LAUDERDALE, FL 33316

**Current Mailing Address:**

1200 HOLIDAY DRIVE  
SUITE 803  
FT. LAUDERDALE, FL 33316 US

**FEI Number:** 46-2706332

**Certificate of Status Desired:** No

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 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	MGR
Name	HRUSKA, JUSTIN	Name	SCHERPF, DOMENICK
Address	311 OLD OAK COURT	Address	2565 FARSUND DRIVE
City-State-Zip:	BURR RIDGE IL 60527	City-State-Zip:	YORKTOWN HEIGHTS NY 10598

*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:** JUSTIN HRUSKA

MRG

03/14/2016

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date