

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000100646

**Entity Name:** CONTRAILS FITNESS PARTNERS, LLC

**Current Principal Place of Business:**

10500 ULMERTON RD #200  
LARGO, FL 33771

**Current Mailing Address:**

PO BOX 18203  
TAMPA, FL 33679 US

**FEI Number:** 47-1180241

**Certificate of Status Desired:** No

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

ANITA'S ACCOUNTING SOLUTIONS, PLLC  
3314 HENDERSON BLVD SUITE 205  
TAMPA, FL 33609 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	AMBR	Title	MGR
Name	SPRANGER, KURT T	Name	SPRANGER, MALIA K
Address	1815 W WATROUS AVE	Address	1815 W WATROUS AVE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

*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:** KURT SPRANGER

**MEMBER**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date