

2016 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: MALIA K SPRANGER

MGR

04/29/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date