

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000005173

**Entity Name:** PEARSON FITNESS, LLC

**Current Principal Place of Business:**

530 STATE ROAD 13 NORTH  
ST JOHNS, FL 32259

**Current Mailing Address:**

530 STATE ROAD 13 NORTH  
ST JOHNS, FL 32259 US

**FEI Number:** 47-3085992

**Certificate of Status Desired:** No

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

PEARSON, JOSEPH M  
530 STATE ROAD 13  
6  
JACKSONVILLE, FL 32259 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  
Name            PEARSON, JOSEPH M  
Address        530 STATE ROAD 13  
                  #6  
City-State-Zip: JACKSONVILLE FL 32259

*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:** JOSEPH M. PEARSON

**OWNER**

**02/23/2016**

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

\_\_\_\_\_  
Date