

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000154627

**Entity Name:** TFP CALIFORNIA FITNESS PARTNERS III, LLC

**Current Principal Place of Business:**

22568 MISSION BLVD SUITE 525  
HAYWARD, FL 94541

**Current Mailing Address:**

PO BOX 18203  
TAMPA, FL 33679

**FEI Number:** 47-5077104

**Certificate of Status Desired:** No

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

ANITA'S ACCOUNTING SOLUTIONS, PLLC  
3113 S DALE MABRY HWY SUITE A  
TAMPA, FL 33629 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  
Name ALLEN, DONALD M JR  
Address PO BOX 18203  
City-State-Zip: TAMPA FL 33679

*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:** DONALD ALLEN

CEO

04/30/2017

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

\_\_\_\_\_  
Date