No. <b>W 122149</b>		Due no later than Feb 29, 2016		2. Registered Ag	2. Registered Agent and Address (NO PO BOX)			
Return to:  SECRETARY OF STATE 700 WEST JEFFERSON PO BOX 83720 BOISE, ID 83720-0080		Annual Report Form  1. Mailing Address: Correct in this box if needed.		12592 W. EXI	RANDY SIDDOWAY  12592 W. EXPLORER DRIVE STE. 125 BOISE ID 83713			
		FITNESS PLACE, LLC SARAH SCHROEDER 6240 LAKE OSPREY DR						
		SARASOTA FL 34240		3. New Register	3. New Registered Agent Signature:*			
NO FILING FEE IF RECEIVED BY DUE DATE								
4. Limited Liability Compa	anies: Enter Na	mes and Addresse	es of at least one Member or Manager.					
Office Held	Name		Street or PO Address	City	State	Country	Postal Code	
MEMBER SARAH SCH		ROEDER	6240 LAKE OSPREY DRIVE	SARASOTA	FL	USA	34240	
5. Organized Under the Laws of:		6. Annual Report must be signed.*						
ID		Signature: Sarah Schroeder		Date:	Date: 03/21/2016			
W 122149		Name (type o	r print): Sarah Schroeder	Title:	Title: Managing Member			
Processed 03/21/2016		* Electronically provided signatures are accepted as original signatures.						