2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 05, 2007 08:00 A
Secretary of State

DOCUMENT # L05000018126

1. Entity Name
FIT FOR LIFE OF CENTRAL FLORIDA LLC

Principal Place of Business	Mailing Address
700 MELROSE AVE, APT D-4 WINTER PARK, FL 32789	700 MELROSE AVE, APT D-4 WINTER PARK, FL 32789

DO NOT WRITE IN THIS SPACE

03122007 No Chg-LLC CR2E083 (11/05)

4. FEI Number
20-3095449
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

FRANZO, THERESA
700 MELROSE AVE, APT D-4
WINTER PARK, FL 32789

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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

Filing Fee is $50.00
Due by May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	FRANZO, THERESA
STREET ADDRESS	700 MELROSE AVE, APT D-4
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	MGRM
NAME	FRANZO, EVELYN
STREET ADDRESS	700 MELROSE AVE, APT D-4
CITY-ST-ZIP	WINTER PARK, FL 32789
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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NAME	
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TITLE	
NAME	
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CITY-ST-ZIP	

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11. *I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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 608, Florida Statutes.*

SIGNATURE: X Theresa Franzo, Manager Member 3-29-07 (407) 3276464
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

3/18/07: JFW! ub