

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000122749

FILED  
Apr 28, 2008  
Secretary of State

Entity Name: ABSOLUTE HEALTH AND FITNESS, LLC.

**Current Principal Place of Business:**

1841 21ST AVE  
VERO BEACH, FL 32960

**New Principal Place of Business:**

**Current Mailing Address:**

1841 21ST AVE  
VERO BEACH, FL 32960

**New Mailing Address:**

FEI Number: 26-2458686      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

HARRIS, JACK D  
1841 21ST AVE  
VERO BEACH, FL 32960      US

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

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

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: HARRIS, JACK D  
Address: 1841 21ST AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM ( ) Delete  
Name: HARRIS, SHANNON D  
Address: 1841 21ST AVE  
City-St-Zip: VERO BEACH, FL 32960

Title: MGRM ( ) Delete  
Name: HARRIS, JOSHUA D  
Address: 2055 80TH AVE  
City-St-Zip: VERO BEACH, FL 32966

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: JACK D. HARRIS

MGR

04/28/2008

\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date