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Aug 30, 2007 8:00 am
Secretary of State
07-09-2007 90113 047 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000023113

1. Entity Name
NEW BEGINNINGS COACHING, L.L.C.

30012588

Principal Place of Business	Mailing Address
11877 OSPREY POINTE CIRCLE WELLINGTON, FL 33467	11877 OSPREY POINTE CIRCLE WELLINGTON, FL 33467

07022007 Chg-LLC CR2E083 (12/06)

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
New Beginnings Coaching	11877 Osprey Pointe Circle
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Wellington, Florida	City & State
Zip: 33449 Country: USA	Zip / Country

4. FEI Number: 83-0447930 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DE FONSECA WILLIAMS, MARGARET
11877 OSPREY POINTE CIRCLE
WELLINGTON, FL 33467
*My zip code has changed to 33449

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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

Filing Fee is $50.00
Due by September 14, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Margaret de Fonseca Williams 11877 Osprey Pointe Circle Wellington, FL 33449 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	*zip code has changed - New zip code 33449 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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: M de Fonseca Williams 07/03/2007
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #