

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000110534

Entity Name: TRI BALANCE BODYWORK LLC

Current Principal Place of Business:

8836 SEMINOLE BLVD
SEMINOLE, FL 33772

Current Mailing Address:

8836 SEMINOLE BLVD
SEMINOLE, FL 33772 UN

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

STOVER, KATHRYN P
8836 SEMINOLE BLVD
SEMINOLE, FL 33772 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 STOVER, KATHRYN P
Address 8836 SEMINOLE BLVD
City-State-Zip: SEMINOLE FL 33772

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: KATHRYN STOVER

MANAGER

02/06/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date