SEP-15-2004 11:42 FROM:BHB 3862481852 TO:18504101015 P.2

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

8/26/2004-90061-050-$50.00-$50.00

FILED

2004 SEP 15 A 11:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000023071

1. Entity Name
SUCCESS SHAPERS, LLC

Principal Place of Business
P.O. BOX 13903
TALLAHASSEE, FL 32317 US

Mailing Address
P.O. BOX 13903
TALLAHASSEE, FL 32317 US

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip / Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip / Country

07162004 Chg-LLC CR2E083 (10/03)

4. FEI Number 11-3650876 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent
STEWART & ASSOCIATES, P.A.
535 SILVER BEACH AVENUE
DAYTONA BEACH, FL 32118

Merger

7. Name and Address of New Registered Agent
Name: Bolerjack, Hatsema & Bowling, P.A.
Street Address (P.O. Box Number is Not Acceptable): 42 South Peninsula Drive
City: Daytona Beach FL Zip Code: 32118

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] DAN BOLERJACK — DATE: 7-15-04

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 September 8, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM MEEKS, ANTIONETTE P.O. BOX 13903 TALLAHASSEE, FL 32317	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NORTON, ELISIA P.O. BOX 13903 TALLAHASSEE, FL 32317	☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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 exemption stated in Section 119.07(3)(i), 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: Antionette Meeks