

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000032201

FILED
Feb 05, 2009
Secretary of State

Entity Name: NAUTICAL EXPRESSIONS, L.L.C.

Current Principal Place of Business:

524 S. PINE STREET
OCALA, FL 34474

New Principal Place of Business:

Current Mailing Address:

524 S. PINE STREET
OCALA, FL 34474

New Mailing Address:

FEI Number: 25-1903341

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FARKAS, LEE
101 NE 2ND ST
OCALA, FL 34470 US

Name and Address of New Registered Agent:

FARKAS, LEE
315 NE 14TH ST
OCALA, FL 34470 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:

02/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: COMPASS HEALTH & FIT, NESS, INC.
Address: 524 S. PINE STREET
City-St-Zip: Ocala, FL 34474

ADDITIONS/CHANGES:

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: ADAM BRYNIARSKI

MB

02/05/2009

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