FILED
Jun 07, 2004 8:00 am
Secretary of State

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05-06-2004 90004 012 ****50.00

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

34008201

04142004 Chg-LLC CR2E083 (10/03)

DOCUMENT # L03000018415

1. Entity Name
SHAPES FITNESS FOR WOMEN, LLC

Principal Place of Business	Mailing Address
31800 ORANGE STREET SORRENTO, FL 32776	31800 ORANGE STREET SORRENTO, FL 32776

2. Principal Place of Business		3. Mailing Address	
1661 N. Rock Springs Rd.		31800 Orange St.	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State: Apopka, FL		City & State: Sorrento, FL	
Zip: 32712	Country: USA	Zip: 32776	Country:

4. FEI Number: 31-1821075 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GROSSENBACHER, PEGGY C 31800 ORANGE STREET SORRENTO, FL 32776	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: Peggy C. Grossenbacher [signature] 5-18-04
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 May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Peggy C. Grossenbacher 31800 Orange St. Sorrento, FL 32776 ☐ 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 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: [signature] Peggy C. Grossenbacher 5-18-04 407-814-2348
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #