

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024243

FILED
May 06, 2008
Secretary of State

Entity Name: INNER BALANCE BODYWORK L.L.C.

Current Principal Place of Business:

1315 KENTUCKY AVE
SAINT CLOUD, FL 34769 US

New Principal Place of Business:

Current Mailing Address:

1315 KENTUCKY AVE
SAINT CLOUD, FL 34769 US

New Mailing Address:

FEI Number: 43-2022423 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

HARPER, TARA C
1031 GEORGIA AVE
SAINT CLOUD, FL 34769 US

Name and Address of New Registered Agent:

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

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: HARPER, TARA C
Address: 1031 GEORGIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

Title: MGRM () Delete
Name: BROWN, KAREN F
Address: 1031 GEORGIA AVE
City-St-Zip: SAINT CLOUD, FL 34769 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: HARPER, TARA C
Address: 802 DORI CT
City-St-Zip: SAINT CLOUD, FL 34772 US

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: TH

OWNE

05/06/2008

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