

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L03000024375

FILED  
Jul 14, 2008  
Secretary of State

Entity Name: THE BODY WORKS OF ST. PETERSBURG, LLC

**Current Principal Place of Business:**

2821 DR. M.L. KING ST N.  
SAINT PETERSBURG, FL 33704

**New Principal Place of Business:**

**Current Mailing Address:**

2821 DR. M.L. KING ST N.  
SAINT PETERSBURG, FL 33704

**New Mailing Address:**

FEI Number: 75-3094979      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:**

MENDEZ, JAMIE  
4481 TROUT DR SE  
SAINT PETERSBURG, FL 33705 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: PVT ( ) Delete  
Name: MENDEZ, MELVIN  
Address: 4481 TROUT DR SE  
City-St-Zip: SAINT PETERSBURG, FL 33705

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: MENDEZ, JAMIE  
Address: 2821 DR. M.L. KING ST N.  
City-St-Zip: SAINT PETERSBURG, FL 33704

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

( ) 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: JAMIE MENDEZ

MGRM

07/14/2008

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