

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Mar 20, 2006 08:00 AM
Secretary of State

DOCUMENT # L04000036794

1. Entity Name
RED HOT AND TAN & LADIES' FITNESS, L.L.C.



Principal Place of Business Mailing Address
5620 SOUTH RIDGEWOOD AVENUE 5620 SOUTH RIDGEWOOD AVENUE
PORT ORANGE FL 32127 PORT ORANGE FL 32127



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

1st MOORE CR2E063 (10/05)

4. FEI Number **75-3157596** Applied For
Not Applicable

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

5. Name and Address of Current Registered Agent

BULLING, LOU ANN
5620 SOUTH RIDGEWOOD AVENUE
PORT ORANGE FL 32127

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when resigning) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE	MGRM	☐ Delete		TITLE		☐ Change	☐ Add
NAME	BULLING, LOU ANN			NAME			
STREET ADDRESS	5620 SOUTH RIDGEWOOD AVENUE			STREET ADDRESS			
CITY-ST-ZIP	PORT ORANGE FL 32127			CITY-ST-ZIP			
TITLE		☐ Delete		TITLE		☐ Change	☐ Add
NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
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NAME				NAME			
STREET ADDRESS				STREET ADDRESS			
CITY-ST-ZIP				CITY-ST-ZIP			

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04/05/06-80005-004 50.00

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, 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: _____

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