

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
May 20, 2005 8:00 am
Secretary of State

04-18-2005 90075 046 ****50.00

DOCUMENT # L04000046658 1. Entity Name REAL WOMEN LIFT, LLC					
Principal Place of Business 204 ALCANTE ROAD ST. AUGUSTINE, FL 32086			Mailing Address 204 ALCANTE ROAD ST. AUGUSTINE, FL 32086		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
4. FEI Number			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		
TREASTER, CYNTHIA J 204 ALCANTE ROAD ST. AUGUSTINE, FL 32086			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 registering) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2005				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM TREASTER, CYNTHIA J 204 ALCANTE ROAD ST. AUGUSTINE, FL 32086 ☐ Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition	
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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: Cynthia J. Treaster MGRM 4/14/05 904-501-5759					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #					

Cynthia J. Treaster