

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 26, 2005 8:00 am
Secretary of State

01-26-2005 90058 016 ****50.00

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01212005 Chg-LLC CR2E083 (10/03)

DOCUMENT # L04000056486 1. Entity Name PHYSIQUE BOUTIQUE, LLC																													
Principal Place of Business 5384 ALIBI TERRACE NORTH PORT, FL 34286				Mailing Address 5384 ALIBI TERRACE NORTH PORT, FL 34286																									
2. Principal Place of Business 14942 TAMiami TRAIL Suite, Apt. #, etc. STE. A		3. Mailing Address 14942 TAMiami TR. Suite, Apt. #, etc. STE. A		4. FEI Number 84-11653313 Applied For <input type="checkbox"/> Not Applicable <input checked="" type="checkbox"/>																									
City & State NORTH PORT, FL		City & State NORTH PORT, FL																											
Zip 34287		Country SARASOTA																											
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CUCUZ, MARY G 5384 ALIBI TERRACE NORTH PORT, FL 34286																									
7. Name and Address of New Registered Agent																													
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: <u>Maria Cucuz</u> DATE: <u>1/21/05</u> <small>Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2005		Make check payable to Florida Department of State																											
<div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> 9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;">MGRM</td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Delete</td> </tr> <tr> <td>NAME</td> <td>CUCUZ, MARY G</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>5384 ALIBI TERRACE</td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td>NORTH PORT, FL 34286</td> <td></td> </tr> </table> </div> <div style="width: 48%;"> 10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">TITLE</td> <td style="width: 45%;"></td> <td style="width: 10%; text-align: center;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY-ST-ZIP</td> <td></td> <td></td> </tr> </table> </div> </div>						TITLE	MGRM	<input type="checkbox"/> Delete	NAME	CUCUZ, MARY G		STREET ADDRESS	5384 ALIBI TERRACE		CITY-ST-ZIP	NORTH PORT, FL 34286		TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	NAME			STREET ADDRESS			CITY-ST-ZIP		
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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: <u>Maria Cucuz</u> <u>MARIA CUCUZ</u> DATE: <u>1/21/05</u> DAYTIME PHONE: <u>941-429-9353</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																													