2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

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

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DOCUMENT # L0400056486 1. Entity Name PHYSIQUE BOUTIQUE, LLC					01-26-2005 90058 016 ****50.00			
Principal Place of Business Mailing Address						288	04035	
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NORTH PORT, FL 34286 NORTH PORT, FL 34			86					
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2. Principal Place of Business								
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Suite, Apt.		Suite, Apt. #, etc.		01212005	Chg-LLC	CR2E083 (10/03)		
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NORTH PORT, FL		NOKTH PORT, FL		FL	4. FEI Numb	165331		oplied For ot Applicable
34287 Country SAPASTA		34287 SARASITA		CASIDA	5. Certificate	of Status Desired	S5.00 Add	
0100	6. Name and Address of Current F	Registered Agent		7. Name and	Address of New Re	egistered Agent		
				ame			a	
CUCUZ, MARÝ G				reet Address (P O Boy Numb	er is Not Acceptable	· · · ·	
5384 ALIBI TERRACE NORTH PORT, FL 34286					.o. box rearrie		, 	
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·				ity	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 / MALA / MULLS / 1/21/05								
Signature, liped or printed name of registered agent and use if applicable. NOTE: Registered Agent signature required when reinstating) DATE								
Filing Fee is \$50.00 Due by May 1, 2005							check payable to Department of Stat	te
9 MANAGING MEMBERS/MANAGERS 1			10.			ADDITIONS/	CHANGES	
TITLE	MGRM	☐ Delete	TITLE				Change	☐ Addition
NAME	CUCUZ, MARY G	•	NAME					
STREET ADDRESS CITY-ST-ZIP			STREET AD CITY-ST-Z	I				
TITLE			TITLE			<u> </u>	☐ Change	☐ Addition
NAME	QUINONES, VIVIANNE M	m Delete	NAME				C Ontaingo	
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STREET ADDRESS				DORESS				
CITY-ST-ZIP-				ZIP				
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								

11. Thereby certify that the information supplied with this filing does not quality 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 MAIN CULLY MAYA CUCUZ 1/21/05 941-429-935