

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000061081

FILED
Sep 03, 2005
Secretary of State

Entity Name: B-WELL PERSONAL TRAINING, LC

Current Principal Place of Business:

120 1/2 19TH AVE N
ST. PETERSBURG, FL 33704

New Principal Place of Business:

Current Mailing Address:

120 1/2 19TH AVE N
ST. PETERSBURG, FL 33704

New Mailing Address:

FEI Number: 20-1521224 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:

ANTONSEN, LEIGH
1927 ARROWHEAD DR NE
ST. PETERSBURG, FL 33703 US

Name and Address of New Registered Agent:

ANTONSEN, LEIGH
120 1/2 19TH AVE N
ST. PETERSBURG, FL 33704 US

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: _____

09/03/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ANTONSEN, LEIGH
Address: 1927 ARROWHEAD DR NE
City-St-Zip: ST. PETERSBURG, FL 33703

Title: MGRM (X) Delete
Name: MOISON, JAMES
Address: 1927 ARROWHEAD DR NE
City-St-Zip: ST. PETERSBURG, FL 33703

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ANTONSEN, LEIGH
Address: 120 1/2 19TH AVE N
City-St-Zip: ST. PETERSBURG, FL 33704

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

I hereby certify that the information supplied with this filing does not qualify for the 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 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: LEIGH ANTONSEN

MGR

09/03/2005

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