

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000065044

Entity Name: SHE'S FIT, LLC

**FILED**  
**Mar 14, 2008**  
**Secretary of State**

**Current Principal Place of Business:**

260-C CITRUS TOWER BLVD.  
CLERMONT, FL 34711

**New Principal Place of Business:**

1050 EAST HIGHWAY 50  
CLERMONT, FL 34711

**Current Mailing Address:**

210 HILLSIDE DRIVE  
CLERMONT, FL 34711

**New Mailing Address:**

4234 AG ROAD  
GROVELAND, FL 34736

FEI Number: 30-0273672

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

JACOBS-ULIBARRI, JULIE M JULIE U  
210 HILLSIDE DRIVE  
CLERMONT, FL 34711 US

**Name and Address of New Registered Agent:**

JACOBS-HIGDON, JULIE M  
4234 AG ROAD  
GROVELAND, FL 34736 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: JULIE M. JACOBS-HIGDON

03/14/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: JACOBS-ULIBARRI, JULIE  
Address: 210 HILLSIDE DRIVE  
City-St-Zip: CLERMONT, FL 34711

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: JACOBS-HIGDON, JULIE M  
Address: 4234 AG ROAD  
City-St-Zip: GROVELAND, FL 34736

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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: JULIE M. JACOBS-HIGDON

MGRM

03/14/2008

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