

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000094341

**FILED**  
**Feb 16, 2011**  
**Secretary of State**

**Entity Name:** BARBARA WEEDEN HEALTH & FITNESS, L.L.C.

**Current Principal Place of Business:**

888 WOODCRAFT DR  
APOPKA, FL 32712

**New Principal Place of Business:**

**Current Mailing Address:**

888 WOODCRAFT DR  
APOPKA, FL 32712

**New Mailing Address:**

**FEI Number:** 20-2147705

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WEEDEN, BARBARA A C.C.N.  
888 WOODCRAFT DR  
APOPKA, FL 32712 US

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

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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WEEDEN, BARBARA A C.C.N.  
Address: 888 WOODCRAFT DRIVE  
City-St-Zip: APOPKA, FL 32712

I hereby 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: BARBARA WEEDEN

OWNE

02/16/2011

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