

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90037 049 ****55.00

DOCUMENT # L05000002913

1. Entity Name
THE FITNESS CHEF, LLC



Principal Place of Business
**6302 GATEWAY AVENUE
SUITE C
SARASOTA, FL 34231 US**

Mailing Address
**6302 GATEWAY AVENUE
SUITE C
SARASOTA, FL 34231 US**

60035902



2. Principal Place of Business - No P.O. Box #
4127 Winners Circle
Suite, Apt. #, etc.
222
City & State
SARASOTA, FL
Zip
34238 Country
USA

3. Mailing Address
4127 Winners Circle
Suite, Apt. #, etc.
222
City & State
SARASOTA, FL
Zip
34238 Country
USA

04102007 Chg-LLC CR2E083 (12/06)

4. FEI Number
32-0136707 Applied For
☐ Not Applicable

5. Certificate of Status Desired ☒ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**MACKAY, JOSEPH D
6302 GATEWAY AVENUE
SUITE C
SARASOTA, FL 34231**

7. Name and Address of New Registered Agent

Name
Mackay, Joseph D.
Street Address (P.O. Box Number is Not Acceptable)
4127 Winners Circle #222
City
SARASOTA FL Zip Code
34238

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

Joseph D. Mackay
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4-10-07

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MR. MACKAY, JOSEPH D 6302 GATEWAY AVE. SUITE C SARASOTA, FL 34231	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSEPH D. MGRM Mackay, Joseph D. 4127 winners Circle #222 SARASOTA, FL 34238	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4-10-07

Date

Daytime Phone #

(941) 356-4658