

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000003309

FILED
Apr 30, 2009
Secretary of State

Entity Name: BODYTRAC HEALTH & FITNESS, LLC

Current Principal Place of Business:

3610-2 SHAMROCK WEST
SUITE 2
TALLAHASSEE, FL 32309 US

New Principal Place of Business:

Current Mailing Address:

3610 SHAMROCK WEST
2
TALLAHASSEE, FL 32309 US

New Mailing Address:

FEI Number: 20-2145248

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WILKENS, STEVEN A
3228 WHITNEY DRIVE EAST
TALLAHASSEE, FL 32309 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 () Delete
Name: WILKENS, STEVEN A
Address: 3228 WHITNEY DRIVE EAST
City-St-Zip: TALLAHASSEE, FL 323093649 US

Title: MGR () Delete
Name: WILKENS, PAUL L
Address: 4044 KILMARTIN DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

Title: MGR () Delete
Name: WEBER, ERIC R
Address: 3916 LEANE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 UD

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: WEBER, ERIC R
Address: 3916 LEANE DRIVE
City-St-Zip: TALLAHASSEE, FL 32309 US

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: STEVEN WILKENS

MR.

04/30/2009

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