

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 16, 2008 8:00 am
Secretary of State

04-16-2008 90118 023 ***138.75

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DOCUMENT # L05000015860 1. Entity Name SPECIFIC FITNESS, LLC					
Principal Place of Business 2136 WHISPERING PINES BLVD. APT. 5 NAVARRE, FL 32566			Mailing Address 2136 WHISPERING PINES BLVD. APT. 5 NAVARRE, FL 32566		
2. Principal Place of Business - No P.O. Box # 1849 Iris Lane Suite, Apt. #, etc.		3. Mailing Address 1849 Iris Lane Suite, Apt. #, etc.			
City & State Navarre, FL Zip 32566 Country USA		City & State Navarre, FL Zip 32566 Country USA		4. FEI Number 20-8584093 Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				04022008 Chg-LLC CR2E083 (12/06)	
6. Name and Address of Current Registered Agent HUNTSMAN, MARIA 2135 WHISPERING PINES BLVD. APT. 5 NAVARRE, FL 32566			7. Name and Address of New Registered Agent Name: Huntsman, Maria Street Address (P.O. Box Number is Not Acceptable): 1849 Iris Lane City: Navarre FL Zip Code: 32566		
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: <u>Maria Huntsman</u> DATE: <u>4/9/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTSMAN, MARIA 2136 WHISPERING PINES BLVD., APT. 5 NAVARRE, FL 32566	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR HUNTSMAN, MARIA 1849 Iris Lane Navarre, FL 32566	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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 608, Florida Statutes.					
SIGNATURE: <u>Maria Huntsman</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>4/9/08</u> <small>Date</small>		
<small>Daytime Phone #</small>					