2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2009
Secretary of State

DOCUMENT# L05000018126

Entity Name: FIT FOR LIFE OF CENTRAL FLORIDA LLC

Current Principal Place of Business:

855 E SR 434
SUITE 1137
WINTER SPRINGS, FL 32708

New Principal Place of Business:

Current Mailing Address:

855 E SR 434
SUITE 1137
WINTER SPRINGS, FL 32708

New Mailing Address:

FEI Number: 20-3095449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRANZO, THERESA
855 E SR 434
SUITE 1137
WINTER SPRINGS, FL 32708 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: FRANZO, THERESA
Address: 855 E SR 434 SUITE 1137
City-St-Zip: WINTER SPRINGS, FL 32708

Title: MGRM ( ) Delete
Name: FRANZO, EVELYN
Address: 855 E SR434, SUITE 1137
City-St-Zip: WINTER SPRINGS, FL 32708

ADDITIONS/CHANGES:

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

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

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: THERESA FRANZO MGRM 02/02/2009

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