


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 26, 2007 8:00 am**  
**Secretary of State**

04-26-2007 90032 046 \*\*\*\*50.00

<b>DOCUMENT # L06000015000</b> 1. Entity Name <b>BODY REGENERATION, LLC</b>					
Principal Place of Business <b>310 BRUSON BLVD., SUITE 105 COCOA, FL 32922</b>			Mailing Address <b>310 BRUSON BLVD., SUITE 105 COCOA, FL 32922</b>		
2. Principal Place of Business - No P.O. Box # <b>467 Forrest Ave</b>		3. Mailing Address <b>467 Forrest Ave</b>			
Suite, Apt. #, etc. <b>Suite 122</b>		Suite, Apt. #, etc. <b>Suite 122</b>			
City & State <b>Cocoa, FL</b>		City & State <b>Cocoa, FL</b>			
Zip <b>FL</b>	Country <b>USA</b>	Zip <b>32922</b>	Country <b>USA</b>	4. FEI Number <b>20-8373905</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent  <b>PETRILLO, MICHELE 3824 PARAPET DRIVE COCOA, FL 32926</b>			7. Name and Address of New Registered Agent  Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR BIDDLE, LUCRETZIA D 3824 PARAPET DRIVE COCOA, FL 32926</b>	<input type="checkbox"/> Delete			
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete			
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.					
<b>SIGNATURE</b> <i>Lucretzia Biddle</i>			<b>4-22-07</b> <b>321-537-4308</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		