

FILED
Aug 30, 2007 8:00 am
Secretary of State

07-09-2007 90113 047 ****50.00

2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT

DOCUMENT # L06000023113			
1. Entity Name NEW BEGINNINGS COACHING, L.L.C.			
Principal Place of Business 11877 OSPREY POINTE CIRCLE WELLINGTON, FL 33467		Mailing Address 11877 OSPREY POINTE CIRCLE WELLINGTON, FL 33467	
2. Principal Place of Business - No P.O. Box # <i>New Beginnings Coaching</i>		3. Mailing Address <i>11877 Osprey Pointe Circle</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State <i>Wellington, Florida</i>		City & State	
Zip <i>33449</i>	Country <i>USA</i>	Zip	Country
4. FEI Number <i>83-0447930</i>		Applied For Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent DE FONSECA WILLIAMS, MARGARET 11877 OSPREY POINTE CIRCLE WELLINGTON, FL 33467 <i>*My zip code has changed to 33449</i>		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 renewing) DATE _____			
Filing Fee is \$50.00 Due by September 14, 2007		Make check payable to Florida Department of State	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>Mgrm Margaret de Fonseca Williams 11877 Osprey Pointe Circle Wellington, FL 33449</i>	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP <i>*zip code has changed - new zip code 33449</i>	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	☐ Change ☐ 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: <i>Mde Fonseca Williams</i>		Date: <i>07/03/2007</i>	
SIGNATURE AND TYPED OR PRINTED NAME OF EXISTING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date	

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