

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000028847

FILED
Jan 15, 2009
Secretary of State

Entity Name: STACEY'S PERSONAL TRAINING, LLC

Current Principal Place of Business:

6806 ARCHING BRANCH CIR
JACKSONVILLE, FL 32258

New Principal Place of Business:

Current Mailing Address:

6806 ARCHING BRANCH CIR
JACKSONVILLE, FL 32258

New Mailing Address:

FEI Number: 02-0772164

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BONE, STACEY
6806 ARCHING BRANCH CIR
JACKSONVILLE, FL 32258 US

Name and Address of New Registered Agent:

BONE, STACEY L MRS.
6806 ARCHING BRANCH CIR
JACKSONVILLE, FL 32258 US

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: MRS. STACEY L BONE

01/15/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BONE, STACEY
Address: 6806 ARCHING BRANCH CIR
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGR () Delete
Name: BOONE, WILLIAM
Address: 6806 ARCHING BRAND CIR
City-St-Zip: JACKSONVILLE, FL 32258

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: BONE, STACEY L MRS.
Address: 6806 ARCHING BRANCH CIR
City-St-Zip: JACKSONVILLE, FL 32258

Title: MGR (X) Change () Addition
Name: BOONE, WILLIAM L MR.
Address: 6806 ARCHING BRAND CIR
City-St-Zip: JACKSONVILLE, FL 32258

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: STACEY L BONE

MRS.

01/15/2009

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