

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000048014

FILED  
May 06, 2008  
Secretary of State

Entity Name: FIT FOR YOU STUDIOS, LLC

**Current Principal Place of Business:**

2692 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062

**New Principal Place of Business:**

**Current Mailing Address:**

2692 E. ATLANTIC BLVD.  
POMPANO BEACH, FL 33062

**New Mailing Address:**

FEI Number: 20-4847619      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

SANDRA, GREEN  
3 SUNSET LANE  
POMPANO BEACH, FL FL      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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: SANDRA, GREEN  
Address: 3 SUNSET LANE  
City-St-Zip: POMPANO BEACH, FL 33062

Title: MGRM ( ) Delete  
Name: LESLIE, PENDERGRAST  
Address: 9 SARANAC ROAD  
City-St-Zip: SEA RANCH LAKES, FL 33308

**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: LESLIE PENDERGRAST

MANA

05/06/2008

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