

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 04, 2007 8:00 am
Secretary of State

04-19-2007 90026 047 ****50.00

DOCUMENT # L06000048553 1. Entity Name PILATES POWERHOUSE & YOGA CENTER, LLC					
Principal Place of Business 770 4TH AVE. NORTH SUITE 101 ST. PETERSBURG, FL 33703			Mailing Address 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		03192007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 20-4851845				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703	
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 _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)	
Filing Fee is \$60.00. Due by May 1, 2007		Make check payable to Florida Department of State		DATE _____	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR CAMILLE, RACIOPIO 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703	☐ Delete			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703	☐ Delete			
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR ELAINE, SCHREIBER L 1144 DARLINGTON OAK DRIVE NE ST. PETERSBURG, FL 33703	☐ 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.					
SIGNATURE: <i>Elaine L. Schreiber</i> 4/9/7 727-667-9011 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					