

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000066613

FILED
Jan 25, 2008
Secretary of State

Entity Name: WESTON YOGA & WELLNESS, LLC

Current Principal Place of Business:

2600 GLADES CIRCLE
SUITE 400
WESTON, FL 33327 US

New Principal Place of Business:

Current Mailing Address:

2600 GLADES CIRCLE
SUITE 400
WESTON, FL 33327 US

New Mailing Address:

1273 CAMELLIA LANE
WESTON, FL 33326 US

FEI Number: 20-5147801

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RATZAN, JILL S
1273 CAMELLIA LANE
WESTON, FL 33326 US

Name and Address of New Registered Agent:

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: MS. () Delete
Name: RATZAN, JILL S
Address: 1273 CAMELLIA LANE
City-St-Zip: WESTON, FL 33326 US

Title: MS. () Delete
Name: KESSLER, PHYLLIS
Address: 2600 GLADES CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MS. (X) Change () Addition
Name: RUBINSTEIN, ANITA
Address: 2600 GLADES CIRCLE
City-St-Zip: WESTON, FL 33327 US

Title: MS. () Change (X) Addition
Name: KIRN, LOIS
Address: 2600 GLADES CIRCLE
City-St-Zip: WESTON, FL 33327

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: JILL RATZAN

MS.

01/25/2008

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