


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90040 013 ****50.00

DOCUMENT # L06000067904	
1. Entity Name BODY SLAM, LLC	

Principal Place of Business 760 VALLEY STREAM DRIVE GENEVA, FL 32732	Mailing Address 760 VALLEY STREAM DRIVE GENEVA, FL 32732
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2. Principal Place of Business - No P.O. Box # 279 DOUGLAS AVE	3. Mailing Address 279 DOUGLAS AVE
Suite, Apt. #, etc. SUITE 1102	Suite, Apt. #, etc. SUITE 1102
City & State ALTAMONTE SPRINGS FL	City & State ALTAMONTE SPRINGS FL
Zip 32714	Country USA

04032007 Chg-LLC CR2E083 (12/06)

4. FEI Number
20-5261352

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent MERO, MARC 760 VALLEY STREAM DRIVE GENEVA, FL 32732	
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7. Name and Address of New Registered Agent	
Name MARC MERO	
Street Address (P.O. Box Number is Not Acceptable) 968 PALMER AVE	
City WINTER PARK	FL Zip Code 32732

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 reconstituting) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**MANAGING MEMBER
MARC MERO
968 PALMER AVE
WINTER PARK FL 32732**

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: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

[Signature] **4/10/07**