


**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 03, 2008 08:00 A
Secretary of State

DOCUMENT # L06000075680 1. Entity Name A NEW YOU LLC	
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Principal Place of Business 839 S HWY 19 PALATKA, FL 32177 US	Mailing Address 839 S STATE RD 19 PALATKA, FL 32177 US
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DO NOT WRITE IN THIS SPACE



02132008No Chg-LLC

CR2E083 (12/07)

4. FEI Number 33-1141693	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent

**WITHEM, ESTHER L
1313 HUSSON AVE.
PALATKA, FL 32177**

**DO NOT WRITE
IN THIS SPACE**

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 *Esther L. Withem* 2/27/08
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WITHEM, ESTHER L 1313 HUSSON AVE PALATKA, FL 32177
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WHITE, LORI H 122 FRANCIS CHURCH RD PALATKA, FL 32177
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U00000846987
03/18/08-80050-019 138.75

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: *X Esther L. Withem* 2/27/08 (886)312-8309
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #