

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



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 Not Applicable
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5. Certificate of Status Desired **\$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* DATE 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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000846987
 03/18/08-80050-019 138.75

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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: *Esther L. Withem* DATE 2/27/08 DAYTIME PHONE # (886)312-8309

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE DATE Daytime Phone #