


2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2007 8:00 am
Secretary of State

05-11-2007 90198 017 ****50.00

DOCUMENT # L06000078545		
1. Entity Name URTHDANCE, LLC		

Principal Place of Business 229 S. OSPREY AVE. #209 SARASOTA, FL 34236 US	Mailing Address 229 S. OSPREY AVE. #209 SARASOTA, FL 34236 US
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2. Principal Place of Business - No P.O. Box # 419 SE 21st Lane	3. Mailing Address 419 SE 21st Lane
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State Cape Coral, FL	City & State Cape Coral, FL
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Zip 33990	Country US	Zip 33990	Country US
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6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
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CHAPMAN, KENNETH D JR 1920 GOLF STREET SARASOTA, FL 34236	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 reinstating) DATE _____

Filing Fee is \$50.00 Due by September 14, 2007	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS	10. ADDITIONS/CHANGES
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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: Kimberly A Braun, Mgr Kimberly A Braun, Mgr May 7, 2007 941-284-3036
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #