

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 28, 2008 8:00 am**  
**Secretary of State**

04-28-2008 90032 011 \*\*\*138.75

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<b>DOCUMENT # L06000080098</b> 1. Entity Name <b>BODY MIND EVOLUTIONS, LLC</b>					
Principal Place of Business 2190 SE 5TH ST 1 POMPANO BEACH, FL 33062			Mailing Address 2190 SE 5TH ST 1 POMPANO BEACH, FL 33062		
2. Principal Place of Business - No P.O. Box # <b>3208 SE 11th St.</b>		3. Mailing Address <b>3208 SE 11th St</b>			
Suite, Apt. #, etc. <b>201</b>		Suite, Apt. #, etc. <b>201</b>			
City & State <b>Pompano Beach FL</b>		City & State <b>Pompano Beach FL</b>			
Zip <b>33062</b>		Country <b>USA</b>		4. FEI Number <b>16-1774671</b>	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$5.00</b> Additional Fee Required			
6. Name and Address of Current Registered Agent  <b>COSTELLO, LETISHA N</b> <b>2190 SE 5TH ST</b> <b>1</b> <b>POMPANO BEACH, FL 33062</b>			7. Name and Address of New Registered Agent Name <b>Costello, Letisha N</b> Street Address (P.O. Box Number is Not Acceptable) <b>3208 SE 11th St</b> <b>201</b> City <b>Pompano Beach</b> <b>FL</b> Zip Code <b>33062</b>		
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 <u><i>Letisha N Costello</i></u> DATE <u><b>4/24/08</b></u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			Make check payable to: <b>Florida Department of State</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LETISHA, COSTELLO N 2190 SE 5TH ST #1 POMPANO BEACH, FL 33062		TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES LETISHA, COSTELLO N 3208 SE 11th St #201 Pompano Beach FL 33062	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input 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	
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	
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	
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	
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: <u><i>Letisha N Costello</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			Date <u><b>4/24/08</b></u> Daytime Phone # <u><b>954-257-8820</b></u>		