

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000093646

FILED
Mar 20, 2009
Secretary of State

Entity Name: STRENGTH AND HEALTH, LLC

Current Principal Place of Business:

2430 VANDERBILT BEACH RD. STE.108
#349
NAPLES, FL 34109

New Principal Place of Business:

Current Mailing Address:

2430 VANDERBILT BEACH RD. STE.108
#349
NAPLES, FL 34109

New Mailing Address:

FEI Number: 20-8158543

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD., STE. 101
TALLAHASSEE, FL 323012960 US

Name and Address of New Registered Agent:

ALIGNMENT RESISTANCE TRAINING, INC.
2430 VANDERBILT BEACH RD. STE.108,#349
NAPLES, FL 341092654 US

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.

SIGNATURE: DOUGLAS SPLITTGERBER, VP

03/20/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CORBO, DEBRA M
Address: 2430 VANDERBILT BEACH RD.#108, BOX 349
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: SPLITTGERBER, DOUGLAS J
Address: 2430 VANDERBILT BEACH RD.#108, BOX 349
City-St-Zip: NAPLES, FL 34109

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: DOUGLAS SPLITTGERBER

MM

03/20/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date