

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000094862

FILED  
Aug 26, 2007  
Secretary of State

**Entity Name:** PERSONAL TRAINING WITH RENARD, LLC

**Current Principal Place of Business:**

4929 CEDAR STONE LN  
ORLANDO, FL 32822 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 721746  
ORLANDO, FL 32872 US

**New Mailing Address:**

FEI Number: 43-2115453      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

BENNETT, RENARD  
4929 CEDAR STONE LN  
ORLANDO, FL 32822 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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: BENNETT, RENARD  
Address: 4929 CEDAR STONE LN  
City-St-Zip: ORLANDO, FL 32822 US

**ADDITIONS/CHANGES:**

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: RENARD BENNETT

MGR

08/26/2007

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