# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

06-18-2008 90070 002 ***138.75
L06000097553

DOCUMENT # L06000097553

1. Entity Name
IN BALANCE, LLC

FILED
08 JUL 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

| Principal Place of Business | Mailing Address |
|---|---|
| 4031 BERMUDA GROVE PLACE<br>LONGWOOD, FL 32779 | 4031 BERMUDA GROVE PLACE<br>LONGWOOD, FL 32779 |

DO NOT WRITE IN THIS SPACE

4. FEI Number
51-0613741
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

NEIN, SHARI
4031 BERMUDA GROVE PLACE
LONGWOOD, FL 32779

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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 _____ 4-5-08
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 | MGRM |
| NAME | NEIN, SHARI |
| STREET ADDRESS | 4031 BERMUDA GROVE PLACE |
| CITY-ST-ZIP | LONGWOOD, FL 32779 |
| TITLE | MGRM |
| NAME | NEIN, SAMUEL |
| STREET ADDRESS | 4031 BERMUDA GROVE PLACE |
| CITY-ST-ZIP | LONGWOOD, FL 32779 |
| TITLE | |
| NAME | |
| STREET ADDRESS | |
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| CITY-ST-ZIP | |

DO NOT WRITE IN THIS SPACE

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:** _____ 4-2-08
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #