

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000109012

**FILED**  
**Apr 26, 2010**  
**Secretary of State**

**Entity Name:** DIVINE HEALTH, FITNESS & NUTRITION TRAINING FACILITY INT'L, LLC

**Current Principal Place of Business:**

1701 S.W. 2ND STREET  
SUITE 21  
FT. LAUDERDALE, FL 33312

**New Principal Place of Business:**

**Current Mailing Address:**

1701 S.W. 2ND STREET  
SUITE 21  
FT. LAUDERDALE, FL 33312

**New Mailing Address:**

P.O. BOX 1686  
FT. LAUDERDALE, FL 33302

**FEI Number:** 20-8098064

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DEWITT, TRASHELLA C  
1701 S.W. 2ND STREET  
SUITE 21  
FT. LAUDERDALE, FL 33312 US

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

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: MGRM  
Name: DEWITT, TRASHELLA C  
Address: 1701 S.W. 2ND STREET, #21  
City-St-Zip: FT. LAUDERDALE, FL 33312

I hereby 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: TRASHELLA C DEWITT

MGRM

04/26/2010

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