

2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L06000112104

FILED
Jun 05, 2009
Secretary of State**Entity Name:** HOT HOUSE YOGA, LLC**Current Principal Place of Business:**1400 HAND AVE
#N
ORMOND BEACH, FL 32174 US**New Principal Place of Business:****Current Mailing Address:**35 CARIBBEAN WAY
PONCE INLET, FL 32127 US**New Mailing Address:****FEI Number:** 20-5916623 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()****Name and Address of Current Registered Agent:**KWIATKOUSKI, DAVID
35 CARIBBEAN WAY
PONCE INLET, FL 32127 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 () Delete
Name: KWIATKOUSKI, DAVID
Address: 35 CARIBBEAN WAY
City-St-Zip: PONCE INLET, FL 32127 US**Title:** MGRM (X) Delete
Name: KWIATKOUSKI, SHELLY
Address: 285 S. HALIFAX DR
City-St-Zip: ORMOND BEACH, FL 32176 US**ADDITIONS/CHANGES:****Title:** MGR (X) Change () Addition
Name: KWIATKOUSKI, DAVID
Address: 35 CARIBBEAN WAY
City-St-Zip: PONCE INLET, FL 32127 US**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: DAVID KWIATKOUSKI MGR 06/05/2009

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