


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000121899		
1. Entity Name BODY BALANCE, LLC		

Principal Place of Business 227 EAST 6TH AVENUE TALLAHASSEE, FL 32303	Mailing Address 227 EAST 6TH AVENUE TALLAHASSEE, FL 32303
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2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

**FILED**  
08 FEB 21 PM 4:34  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
600118556700  
02/22/08--01001--010 \*\*143.75



02212008 Chg-LLC CR2E083 (12/06)

6. Name and Address of Current Registered Agent HAYES, FIONA 227 EAST 6TH AVENUE TALLAHASSEE, FL 32303		7. Name and Address of New Registered Agent Name <u>A.R. Kirby</u> Street Address (P.O. Box Number is Not Acceptable) <u>227 E 6th Ave</u> City <u>Tallahassee</u> FL Zip Code <u>32303</u>	
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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 [Signature] DATE 2-21-08  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$138.75  
After May 1, 2008 Fee will be \$538.75**

**Make check payable to  
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM</u> <u>A.R. Kirby</u> <u>227 E 6th Ave</u> <u>Tallahassee, FL 32303</u>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 606, Florida Statutes.

SIGNATURE: [Signature] DATE 2-21-08 DAYTIME PHONE # 850-878-0222  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

RECEIVED  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
08 FEB 21 PM 4:34  
TO ACKNOWLEDGE  
SUFFICIENCY OF FILING