

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007734

FILED  
Apr 19, 2009  
Secretary of State

Entity Name: FIDES FITNESS SOLUTIONS, L.L.C.

**Current Principal Place of Business:**

1290 NORTHRIDGE BLVD  
APT 3414  
CLERMONT, FL 34711 US

**New Principal Place of Business:**

11047 CLIPPER CT.  
WINDERMERE, FL 34786 US

**Current Mailing Address:**

1290 NORTHRIDGE BLVD  
APT 3414  
CLERMONT, FL 34711 US

**New Mailing Address:**

11047 CLIPPER CT.  
WINDERMERE, FL 34786 US

FEI Number: 20-8282073

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FIDES, AARON M MR.  
1290 NORTHRIDGE BLVD  
APT 3414  
CLERMONT, FL 34711 US

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

FIDES, AARON M MR.  
11047 CLIPPER CT.  
WINDERMERE, FL 34786 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:

04/19/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MR. ( ) Delete  
Name: FIDES, AARON M MR.  
Address: 1290 NORTHRIDGE BLVD APT 3414  
City-St-Zip: CLERMONT, FL 34711 US

**ADDITIONS/CHANGES:**

Title: MR. (X) Change ( ) Addition  
Name: FIDES, AARON M MR.  
Address: 11047 CLIPPER CT.  
City-St-Zip: WINDERMERE, FL 34786 US

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: AARON M. FIDES

MR.

04/19/2009

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