FILED
Jun 12, 2008 8:00 am
Secretary of State
05-12-2008 90119 015 ***538.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000015144

1. Entity Name
FOR YOU, LLC

30009130

Principal Place of Business	Mailing Address
6475 OREGON JAY RD. BROOKSVILLE, FL 34613	6475 OREGON JAY RD. BROOKSVILLE, FL 34613

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

03062008 Chg-LLC CR2E083 (12/06)

4. FEI Number: 20-8405424 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
CLAYTON, KIMBERLY M.D. ~~1194 MARINER BLVD.~~ ~~SPRING HILL, FL 34609~~ 6475 Oregon Jay Rd Brooksville Fl 34613	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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, 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

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☑ Delete	TITLE	PRESIDENT	☑ Change ☐ Addition
NAME	CLAYTON, KIMBERLY M.D.		NAME	CLAYTON, KIMBERLY M.D.	
STREET ADDRESS	1194 MARINER BLVD.		STREET ADDRESS	6475 OREGON JAY RD.	
CITY-ST-ZIP	SPRING HILL, FL 34609		CITY-ST-ZIP	BROOKSVILLE, FL 34613	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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 608, Florida Statutes.

SIGNATURE: Kimberly L Clayton 3-14-08 352-592-4968

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #