

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 19, 2008 8:00 am**  
**Secretary of State**

03-19-2008 90147 024 \*\*\*138.75

<b>DOCUMENT # L07000033693</b> 1. Entity Name <b>ATTITUDE IN MOTION CHEER &amp; DANCE, LLC</b>					
Principal Place of Business <b>9491 NW 45TH ST. MIAMI, FL</b>			Mailing Address <b>9491 NW 45TH ST. MIAMI, FL</b>		
2. Principal Place of Business - No P.O. Box # <b>9601 SW 142 AVE</b>		3. Mailing Address <b>P.O. Box 832303</b>			
Suite, Apt. #, etc. <b>515</b>		Suite, Apt. #, etc. <b>MIAMI, FL 3</b>			
City & State <b>MIAMI, FLORIDA</b>		City & State <b>MIAMI, FL</b>			
Zip <b>33186</b>		Country <b>USA</b>		Zip <b>33283</b>	
Country <b>USA</b>		Country <b>USA</b>			
6. Name and Address of Current Registered Agent  <b>GODET, MARGARET R 9491 NW 45TH ST. MIAMI, FL</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$138.75</b> <b>After May 1, 2008 Fee will be \$538.75</b>			<b>Make check payable to</b> <b>Florida Department of State</b>		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM GODET, MARGARET R 9491 NW 45TH ST. MIAMI, FL</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM / PRESIDENT GODET, MARGARET R. 9601 SW 142 AVE, 515 MIAMI, FL 33186</b> <input checked="" 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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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.					
<b>SIGNATURE:</b> 			<b>3/14/08</b> <b>305-302-5259</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<small>Date Daytime Phone #</small>		