

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000033990

**FILED**  
**May 02, 2010**  
**Secretary of State**

**Entity Name:** STUDIO PILATES AND PHYSICAL THERAPY LLC

**Current Principal Place of Business:**

12110 SW 114 PL  
MIAMI, FL 33176 US

**New Principal Place of Business:**

11155 SW 112 AVE  
MIAMI, FL 33176 US

**Current Mailing Address:**

9100 TIFFANY DR  
MIAMI, FL 33157 US

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired ( )**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

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

LOHEIDE, WILLIAM M  
9100 TIFFANY DR  
MIAMI, FL 33157 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: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: LOHEIDE, WILLIAM M  
Address: 9100 TIFFANY DR  
City-St-Zip: MIAMI, FL 33157 US

I hereby 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: WILLIAM LOHEIDE

MR

05/02/2010

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