

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 14, 2008 8:00 am**  
**Secretary of State**

03-14-2008 90205 024 \*\*\*138.75

**DOCUMENT # L07000043464**

1. Entity Name  
**FASTING, LLC**



Principal Place of Business  
**2410 HARBOURSIDE DRIVE, UNIT 124  
LONGBOAT KEY, FL 34228**

Mailing Address  
**2410 HARBOURSIDE DRIVE, UNIT 124  
LONGBOAT KEY, FL 34228**

**60014541**



2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

02052008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

**06-1712284**

Applied For  
Not Applicable

Zip

Country

Zip

Country

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

**WILSON, MICHAEL J  
200 SOUTH ORANGE AVE.  
SARASOTA, FL 34236**

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  
NAME **WATTS, MARIE T RUSTEE**  
STREET ADDRESS **2410 HARBOURSIDE DRIVE, UNIT 124**  
CITY-ST-ZIP **LONGBOAT KEY, FL 34228**

TITLE **MGR** ☒ Change ☐ Addition  
NAME **Marie N. Watts**  
STREET ADDRESS **2410 Harbourside Drive, Unit 124**  
CITY-ST-ZIP **Longboat Key, FL 34228**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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CITY-ST-ZIP

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: **Marie Watts (SAR)**

**3/10/08 941-923-0535**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #