


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 27, 2008 8:00 am
Secretary of State

04-24-2008 90010 007 ***138.75

DOCUMENT # L07000047625

1. Entity Name
MUY FIT, LLC



Principal Place of Business
**1841 SPRINGWOOD DRIVE
 SARASOTA, FL 34232**

Mailing Address
**1841 SPRINGWOOD DRIVE
 SARASOTA, FL 34232**

30007786



2. Principal Place of Business - No P.O. Box # 1100 N. Tuttle Avenue		3. Mailing Address 1100 N. Tuttle Ave.	
Suite, Apt. #, etc. Unit # 17		Suite, Apt. #, etc. Unit # 17	
City & State Sarasota, FL		City & State Sarasota, FL	
Zip 34237	Country USA	Zip 34237	Country USA

04172008 Chg-LLC CR2E083 (12/06)

4. FEI Number 753244477	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

8. Name and Address of Current Registered Agent

**CAVA, FELIPE
 1841 SPRINGWOOD DRIVE
 SARASOTA, FL 34232**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVA, FELIPE 1841 SPRINGWOOD DRIVE SARASOTA, FL 34232 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CAVA, NATALIA 1841 SPRINGWOOD DRIVE SARASOTA, FL 34232 <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.

SIGNATURE: *[Signature]* **04-22-08**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #