2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

Jul 11, 2008 8:00 am **DOCUMENT # L07000051516 Secretary of State** 1. Entity Name 02-12-2008 90066 050 ***138.75 M M FITNESS, PLLC Principal Place of Business Mailing Address 1325 STONE ROAD, UNIT 303 1325 STONE ROAD, UNIT 303 30010201 TALLAHASSEE, FL 32303 TALLAHASSEE, FL 32303 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 07082008 Chg-LLC CR2E083 (12/06) Applied For City & State 4. FEI Number City & State 26-2234251 Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LAMBERT, MICHELLE M Street Address (P.O. Box Number is Not Acceptable) 1325 STONE ROAD, UNIT 303 TALLAHASSEE, FL 32303 City 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 NOWI!! FEE IS \$138.75 Due by September 12, 2008 In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice. Make check payable to Fiorida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. MGRM TITLE ☐ Change ☐ Addition TITLE Delete LAMBERT, MICHELL M NAME NAME 1325 STONE ROAD, UNIT 303 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TALLAHASSEE, FL 32303 CITY-ST-ZIP Delete MLE Change ☐ Addition TITLE NAME MARIE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ■ Addition ππε ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP City-St-79P ☐ Delete Change Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

CICKIATUDE.

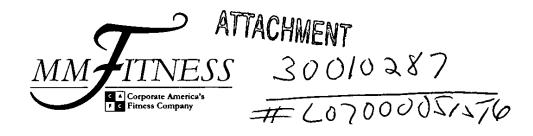
CITY-ST-ZIP

Michiele Lambert

7/8/08

850-545-9284

FILED



July 8, 2008

Florida Department of State Secretary of State Division of Corporations P.O. Box 8700 Tallahassee, Florida

To Whom It May Concern:

I am returning the completed 2008 Limited Liability Company Annual Report with this letter. I filed the appropriate form and submitted a payment of \$138.75 back on February 5, 2008 but that form did not have a FEI number with it because I did not have one at the time. It should have been returned to me according to the woman I spoke with on the phone today however, I did not receive the returned form. I did receive the alarming Notice Of Intent To Dissolve postcard and since I have obtained an FEI number and have included it on the enclosed form, I am hoping you will accept and forgive this matter. I regret any inconvenience I have caused you.

Sincerely

Michelle M. Lambert, CPT

President, MM FITNESS