

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 05, 2008 8:00 am**  
**Secretary of State**

05-05-2008 90029 043 \*\*\*138.75

**DOCUMENT # L07000053367**

1. Entity Name  
**BODY BY PETRA, LLC**



Principal Place of Business  
**21319 TOWN LAKES DRIVE  
SUITE 1228  
BOCA RATON, FL 33486 US**

Mailing Address  
**21319 TOWN LAKES DRIVE  
SUITE 1228  
BOCA RATON, FL 33486 US**

**60038708**



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

**2140 NW 17 ST**

3. Mailing Address

**2140 NW 17 ST**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

04282008

Chg-LLC

CR2E083 (12/06)

City & State

**DELRAY BEACH FL**

City & State

**DELRAY BEACH FL**

4. FEI Number

**26-0216516**

Applied For

Not Applicable

Zip

Country

**33445**

Zip

Country

**33445**

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

**MERTL, PETRA  
21319 TOWN LAKES DRIVE  
SUITE 1228  
BOCA RATON, FL 33486**

Name

**MERTL, PETRA**

Street Address (P.O. Box Number is Not Acceptable)

**2140 NW 17 ST**

City

**DELRAY BEACH**

FL

Zip Code

**33445**

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

**04-30-08**

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MERTL, PETRA  
21319 TOWN LAKES DRIVE, #1228  
BOCA RATON, FL 33486** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**MGRM  
MERTL, PETRA  
2140 NW 17 ST  
DELRAY BEACH FL 33445** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ Delete

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

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

Date

Daytime Phone #