## 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

## DOCUMENT# L07000062453

Address:

City-St-Zip:

18507 CROOKED LANE

LUTZ, FL 33548

Entity Name: FINANCIAL FITNESS, LC

FILED Jul 05, 2008 Secretary of State

**Current Principal Place of Business: New Principal Place of Business:** 18507 CROOKED LANE 19239 N. DALE MABRY LUTZ, FL 33548 303 LUTZ, FL 33548 **Current Mailing Address: New Mailing Address:** 18507 CROOKED LANE 19239 N. DALE MABRY LUTZ, FL 33548 303 LUTZ, FL 33548 US FFI 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: AMAN LAW FIRM 14502 N. DALE MABRY HIGHWAY SUITE 200 TAMPA, FL 33618 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: ADDITIONS/CHANGES: MGRM () Delete Title: () Change () Addition STOCKELL, SEAN D Name: Name: Address: 18507 CROOKED LANE Address: City-St-Zip: LUTZ, FL 33548 City-St-Zip: Title: MGRM () Delete Title: () Change () Addition Name: STOCKELL, DANA K Name:

Address:

City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: SEAN D. STOCKELL MGRM 07/05/2008