# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Jan 04, 2008**
**Secretary of State**

DOCUMENT# L07000067381

**Entity Name:** FIT 4 HEALTH, LC

**Current Principal Place of Business:**

5200 N FEDERAL HWY
STE #7
FT LAUDERDALE, FL 33308

**New Principal Place of Business:**

**Current Mailing Address:**

5200 N FEDERAL HWY
STE #7
FT LAUDERDALE, FL 33308

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

RAPPAPORT, MARVIN J
12500 CLASSIC DRIVE
CORAL SPRINGS, FL 33071 US

**Name and Address of New Registered Agent:**

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:**

Title: MGR ( ) Delete
Name: RAPPAPORT, MARVIN J
Address: 12500 CLASSIC DRIVE
City-St-Zip: CORAL SPRINGS, FL 33071

Title: MGR ( ) Delete
Name: RAPPAPORT, GERALD H DC
Address: 3300 N PORT ROYALE DRIVE APT #235
City-St-Zip: FT LAUDERDALE, FL 33308

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
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: MARVIN RAPPAPORT MGR 01/04/2008

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date