

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000077576

FILED  
May 01, 2009  
Secretary of State

Entity Name: ABSOLUTE BODY CARE LLC

**Current Principal Place of Business:**

4400 BAYOU BLVD  
SUITE 47 B  
PENSACOLA, FL 32503 US

**New Principal Place of Business:**

**Current Mailing Address:**

4400 BAYOU BLVD  
SUITE 47 B  
PENSACOLA, FL 32503 US

**New Mailing Address:**

FEI Number: 61-1537331      FEI Number Applied For ( )      FEI Number Not Applicable ( )      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:**

BROUSSARD, ROBERTA R  
4548 LASSASSIER DR.  
PENSACOLA, FL 32504 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: MGRM ( ) Delete  
Name: BROUSSARD, ROBERTA R  
Address: 4548 LASSASSIER DR.  
City-St-Zip: PENSACOLA, FL 32504 US

Title: MGRM ( ) Delete  
Name: DEMPSEY, KIMBERLY  
Address: 4679 BRADLEY DRIVE  
City-St-Zip: PACE, FL 32571

**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: ROBERTA R BROUSSARD

MGR

05/01/2009

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