


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2008 8:00 am
Secretary of State

04-24-2008 90011 007 ***138.75

DOCUMENT # L07000090763 1. Entity Name THE FOUNTAIN OF YOU, LLC					
Principal Place of Business 1208 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901			Mailing Address 1208 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901		
2. Principal Place of Business - No P.O. Box # 3 Suntree Place		3. Mailing Address 3 Suntree Place			
Suite, Apt. #, etc. Suite 111B		Suite, Apt. #, etc. Suite 111B			
City & State Melbourne, FL		City & State Melbourne, FL			
Zip 32940	Country USA	Zip 32940	Country USA	4. FEI Number 22-3968066	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>		
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 <u>N/A</u> DATE <u>N/A</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR ZIPPER, KIM 1208 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	ST ZIPPER, KIM 1208 SOUTH HARBOR CITY BLVD. MELBOURNE, FL 32901 <div style="text-align: right;"><input type="checkbox"/> Delete</div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>	
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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: <u>X CK</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			<u>Kim Zipper</u> <small>Date</small>		<u>(321) 574-5376</u> <small>Daytime Phone #</small>