

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000100592

FILED
Apr 13, 2009
Secretary of State

Entity Name: STEP UP WEIGHT LOSS, LLC

Current Principal Place of Business:

10493 S. VALENTINE ROAD
TALLAHASSEE, FL 32317

New Principal Place of Business:

1812 RIGGINS ROAD
SUITE 2
TALLAHASSEE, FL 32308

Current Mailing Address:

10493 S. VALENTINE ROAD
TALLAHASSEE, FL 32317

New Mailing Address:

FEI Number: 74-3235665 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

HARRISON, LANCE
10493 S. VALENTINE ROAD
TALLAHASSEE, FL 32317 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: HARRISON, LANCE
Address: 10493 S. VALENTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32317

Title: MGRM () Delete
Name: BOLEN, LOUIS
Address: 2013 MICCOSUKEE ROAD
City-St-Zip: TALLAHASSEE, FL 32303

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

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

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

Title: MGRM () Change (X) Addition
Name: HARRISON, SANDRA
Address: 10943 S. VALENTINE ROAD
City-St-Zip: TALLAHASSEE, FL 32317

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: LANCE HARRISON

MGRM

04/13/2009

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