

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

FILED
Feb 28, 2008 8:00 am
Secretary of State

02-28-2008 90103 043 ***143.75

DOCUMENT # L07000102893

1. Entity Name

THE MEN'S CENTER, LLC.



Principal Place of Business

2561 CAPITAL MEDICAL BLVD
 TALLAHASSEE FL 32308
 US

Mailing Address

2561 CAPITAL MEDICAL BLVD
 TALLAHASSEE FL 32308
 US



2. Principal Place of Business - No P.O. Box #

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

1st MOORE

CR2E083 (10/07)

4. FEI Number

261209157

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

DUNCAN, STEPHEN
 2561 CAPITAL MEDICAL BLVD
 TALLAHASSEE FL 32308

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

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

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	DUNCAN, STEPHEN	2561 CAPITAL MEDICAL BLVD	TALLAHASSEE FL 32308	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS / CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exceptions contained in Section 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

2-18-08

850-325-1212

Date

Daytime Phone #