

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

5 Jun 24, 2008 8:00 am
Secretary of State

05-16-2008 90188 029 ***138.75

DOCUMENT # L07000105750			
1. Entity Name NO MORE DIET, LLC			
Principal Place of Business 1000 EAST ISLAND BLVD. SUITE 906 AVENTURA, FL 33160 US		Mailing Address 1000 EAST ISLAND BLVD. SUITE 906 AVENTURA, FL 33160 US	
2. Principal Place of Business - No P.O. Box # commodore way		3. Mailing Address commodore way	
Suite, Apt. #, etc. 1475		Suite, Apt. #, etc. 1475	
City & State Hollywood		City & State Hollywood	
Zip 33019	Country USA	Zip 33019	Country USA
4. FEI Number		Applied For ☒ Not Applicable	
5. Certificate of Status Desired ☐		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent JAKUBOWICZ, SALOMON 1000 EAST ISLAND BLVD. SUITE 906 AVENTURA, FL 33160		7. Name and Address of New Registered Agent Name JAKUBOWICZ, SALOMON Street Address (P.O. Box Number is Not Acceptable) 1475 commodore way City Hollywood FL Zip Code 33019	
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>Self</u> (NOTE: Registered Agent signature required when reinstating) DATE: <u>4/25/08</u>			
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	MGRM JAKUBOWICZ, SALOMON 1000 EAST ISLAND BLVD., SUITE 906 AVENTURA, FL 33160 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKUBOWICZ, SALOMON 1475 commodore way Hollywood Florida 33019 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKUBOWICZ, KARINA 1000 EAST ISLAND BLVD., SUITE 906 AVENTURA, FL 33160 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JAKUBOWICZ, KARINA 1475 commodore way Hollywood, FL 33019 ☒ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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>Self</u>		DATE: <u>4/25/08</u> (305) 308 4206	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

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