

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 15, 2008 8:00 am
Secretary of State

04-15-2008 90099 021 ***138.75

DOCUMENT # L07000113937

1. Entity Name
FIT FOR WOMEN, LLC



Principal Place of Business
**1101 GULF BREEZE PARKWAY
SUITE 17
GULF BREEZE, FL 32561 US**

Mailing Address
**1101 GULF BREEZE PARKWAY
SUITE 17
GULF BREEZE, FL 32561 US**

50002806



2. Principal Place of Business - No P.O. Box #
1101 Gulf Breeze Pkwy
Suite, Apt. #, etc.
Suite 3

3. Mailing Address
1101 Gulf Breeze Pkwy
Suite, Apt. #, etc.
Suite 3

04022008 Chg-LLC CR2E083 (12/06)

City & State
Gulf Breeze FL 32561
Zip Country

City & State
Gulf Breeze FL
Zip Country
32561

4. FEI Number
26-1417081
Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**BANFELL, TERESA
1101 GULF BREEZE PARKWAY
SUITE 17
GULF BREEZE, FL 32561**

7. Name and Address of New Registered Agent

Name
Street Address (P.O. Box Number is Not Acceptable)
1101 Gulf Breeze Parkway
Suite 3
City **Gulf Breeze** FL Zip Code **32561**

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 **Teresa Banfell** **Teresa Banfell manager**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

4/10/08
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 **MGR** ☐ Delete
NAME **BANFELL, TERESA**
STREET ADDRESS **90 SHORELINE DRIVE**
CITY-ST-ZIP **GULF BREEZE, FL 32561**

TITLE **MGR** ☐ Delete
NAME **GERRETY, THERESA**
STREET ADDRESS **1138 GREAT OAKS DRIVE**
CITY-ST-ZIP **GULF BREEZE, FL 32563**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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: **Teresa Banfell** **Teresa Banfell** **4/10/08**
Signature and typed or printed name of signing managing member, manager, or authorized representative Date

850 932-4505

Daytime Phone #