

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000120378

FILED
Mar 19, 2009
Secretary of State

Entity Name: YOUR PERSONAL WEALTH COACH, LLC

Current Principal Place of Business:

13577 FEATHER SOUND DRIVE
BUILDING 2 STE 190
CLEARWATER, FL 33672

New Principal Place of Business:

13577 FEATHER SOUND DRIVE
BUILDING 2 STE 190
CLEARWATER, FL 33762

Current Mailing Address:

13577 FEATHER SOUND DRIVE
BUILDING 2 STE 190
CLEARWATER, FL 33672

New Mailing Address:

13577 FEATHER SOUND DRIVE
BUILDING 2 STE 190
CLEARWATER, FL 33762

FEI Number: 26-1579369

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CHAMBERS, JOHN M
13577 FEATHER SOUND DRIVE
BUILDING 2 STE 190
CLEARWATER, FL 33672 US

Name and Address of New Registered Agent:

CHAMBERS, JOHN M
13577 FEATHER SOUND DRIVE
BUILDING 2 STE 190
CLEARWATER, FL 33762 US

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:

03/19/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CHAMBERS, JOHN M
Address: 13577 FEATHER SOUND DRIVE BUILDING 2 #190
City-St-Zip: CLEARWATER, FL 33672

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CHAMBERS, JOHN M
Address: 13577 FEATHER SOUND DRIVE BUILDING 2 #190
City-St-Zip: CLEARWATER, FL 33762

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: JOHN M CHAMBERS

MGRM

03/19/2009

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