

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000121176

Entity Name: FIT SISTERS, LLC

FILED
Jan 25, 2008
Secretary of State

Current Principal Place of Business:

358 BAHIA VISTA
INDIAN ROCKS BEACH, FL 33785

New Principal Place of Business:

358 BAHIA VISTA
INDIAN ROCKS BEACH, FL 33785 US

Current Mailing Address:

358 BAHIA VISTA
INDIAN ROCKS BEACH, FL 33785

New Mailing Address:

358 BAHIA VISTA
INDIAN ROCKS BEACH, FL 33785 US

FEI Number: 26-1642245

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FITTERLING, JOAN L
358 BAHIA VISTA
INDIAN ROCKS BEACH, FL 33785 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: FITTERLING, JOAN L
Address: 358 BAHIA VISTA
City-St-Zip: INDIAN ROCKS BEACH, FL 33785

Title: MGRM () Delete
Name: MILLS, LINDA F
Address: 1171 SW 115TH AVENUE
City-St-Zip: PEMBROKE PINES, FL 33025

Title: MGRM () Delete
Name: HUCKINS, SHARON L
Address: 16450 GULF BLVD, #366
City-St-Zip: NORTH REDINGTON BEACH, FL 33708

ADDITIONS/CHANGES:

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

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

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

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: JOAN L. FITTERLING

MGRM

01/25/2008

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