2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 07, 2008
Secretary of State

DOCUMENT# L07000127475

Entity Name: IDEAL YOU, LLC

Current Principal Place of Business:

1801 EAST LAKE ROAD
4G
PALM HARBOR, FL 34685 US

New Principal Place of Business:

1801 EAST LAKE ROAD
4H
PALM HARBOR, FL 34685 US

Current Mailing Address:

1801 EAST LAKE ROAD
4G
PALM HARBOR, FL 34685 US

New Mailing Address:

1801 EAST LAKE ROAD
4H
PALM HARBOR, FL 34685 US

FEI Number: 41-2262669 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

GEORGIOU, LORETTA D
1801 EAST LAKE ROAD
4G
PALM HARBOR, FL 34685 US

Name and Address of New Registered Agent:

BRUCE, ANIDA
1801 EAST LAKE ROAD
4H
PALM HARBOR, FL 34685 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: ANIDA BRUCE 03/07/2008
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: GEORGIOU, LORETTA D
Address: 1801 EAST LAKE RD., 4G
City-St-Zip: PALM HARBOR, FL 34685 US

Title: MGR (X) Delete
Name: BRUCE, ANIDA P
Address: 1801 EAST LAKE RD, 4H
City-St-Zip: PALM HARBOR, FL 34685

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: BRUCE, ANIDA
Address: 1801 EAST LAKE RD., 4H
City-St-Zip: PALM HARBOR, FL 34685 US

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: ANIDA BRUCE MGR 03/07/2008
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date