

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000017067

Entity Name: IMAGINE YOURSELF, LLC

**FILED**  
**Mar 31, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

413 W ROBERTSON ST. STE A  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

413 W ROBERTSON ST. STE A  
BRANDON, FL 33511

**New Mailing Address:**

FEI Number: 26-1934607

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SEHRES, RANELL MD  
413 W ROBERTSON ST.  
A  
BRANDON, FL 33511 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  
Name: DAVIS, MICHAEL MD  
Address: 413 W ROBERTSON ST. STE A  
City-St-Zip: BRANDON, FL 33511

Title: MGRM  
Name: SEHRES, RANDELL MD  
Address: 413 W ROBERTSON ST. STE A  
City-St-Zip: BRANDON, FL 33511

Title: MGRM  
Name: FEHLING, JOHN MD  
Address: 413 W ROBERTSON ST. STE A  
City-St-Zip: BRANDON, FL 33511

Title: MGRM  
Name: THIELE, DAVID MD  
Address: 413 W ROBERTSON ST. STE A  
City-St-Zip: BRANDON, FL 33511

I hereby 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: RANDELL SEHRES

MGRM

03/31/2010

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