

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043202

**FILED**  
**Feb 27, 2009**  
**Secretary of State**

**Entity Name:** DR RICHARD LOPEZ EXERCISE PHYSIOLOGY & HRD SERVICES LLC

**Current Principal Place of Business:**

14620 SW 80 AVENUE  
MIAMI, FL 33158

**New Principal Place of Business:**

**Current Mailing Address:**

14620 SW 80 AVENUE  
MIAMI, FL 33158

**New Mailing Address:**

**FEI Number:** 26-2524224

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

A BERNARD FINANCIAL SERVICES  
9032 SW 152ND STREET  
MIAMI, FL 33157 US

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

LOPEZ, RICHARD  
14620 SW 80 AVENUE  
MIAMI, FL 33158 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: RICHARD LOPEZ

02/27/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: LOPEZ, RICHARD  
Address: 14620 SW 80 AVENUE  
City-St-Zip: MIAMI, FL 33158

**ADDITIONS/CHANGES:**

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: RICHARD LOPEZ

PRES

02/27/2009

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