

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000058745

FILED
Feb 18, 2009
Secretary of State

Entity Name: YOUR SLIM SOLUTION, LLC

Current Principal Place of Business:

1951 SOUTH MCCALL ROAD
ENGLEWOOD, FL 34223

New Principal Place of Business:

1951 SOUTH MCCALL ROAD
540
ENGLEWOOD, FL 34223

Current Mailing Address:

1951 SOUTH MCCALL ROAD
ENGLEWOOD, FL 34223

New Mailing Address:

1951 SOUTH MCCALL ROAD
540
ENGLEWOOD, FL 34223

FEI Number: 26-2769424

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CASANOVA, PEDRO M.D.
1951 SOUTH MCCALL ROAD
ENGLEWOOD, FL 34223 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: CASANOVA, PEDRO M.D.
Address: 1951 SOUTH MCCALL ROAD
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM () Delete
Name: DIGNAM, LAURA E R.N.
Address: 5150 THE POINTE
City-St-Zip: ENGLEWOOD, FL 34223

Title: MGRM () Delete
Name: MCCARTHY, MICHELLE A
Address: 11798 CLAREMONT DRIVE
City-St-Zip: PORT CHARLOTTE, FL 33981

Title: MGRM () Delete
Name: KATSARELAS, CAROL
Address: 10141 ASBURY AVENUE
City-St-Zip: ENGLEWOOD, FL 34224

Title: MGRM () Delete
Name: HYDE, JONI
Address: 9081 BANTRY BAY BOULEVARD
City-St-Zip: ENGLEWOOD, FL 34224

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:

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: MICHELLE MCCARTHY

MGRM

02/18/2009

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