

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000059116

Entity Name: EFITNESS FOR LIFE, LLC

FILED  
May 12, 2009  
Secretary of State

## Current Principal Place of Business:

9228 NW 1 ST  
PEMBROKE PINES, FL 33024 US

## New Principal Place of Business:

18331 PINES BLVD.  
#262  
PEMBROKE PINES, FL 33029 US

## Current Mailing Address:

9228 NW 1 ST  
PEMBROKE PINES, FL 33024 US

## New Mailing Address:

18331 PINES BLVD.  
#262  
PEMBROKE PINES, FL 33029 US

FEI Number: 30-0503266      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

HORSLEY, JASON J  
9228 NW 1 ST  
PEMBROKE PINES, FL 33024 US

## Name and Address of New Registered Agent:

HORSLEY, JASON J  
16895 SW 1 PL  
PEMBROKE PINES, FL 33027 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: JASON J HORSLEY

05/12/2009

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: HORSLEY, JASON J  
Address: 9228 NW 1 ST  
City-St-Zip: PEMBROKE PINES, FL 33024

## ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition  
Name: HORSLEY, JASON J  
Address: 16895 SW 1 PL  
City-St-Zip: PEMBROKE PINES, FL 33027

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: JASON J HORSLEY

MGR

05/12/2009

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