

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000060751

**FILED**  
**Feb 09, 2012**  
**Secretary of State**

**Entity Name:** PERSONAL HEALTHY INNOVATIVE TRAINING LLC

**Current Principal Place of Business:**

5910 PARK ST  
JACKSONVILLE, FL 32205

**New Principal Place of Business:**

**Current Mailing Address:**

5910 PARK ST  
JACKSONVILLE, FL 32205

**New Mailing Address:**

**FEI Number:** 26-2837215

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

DELEON, PATRICE M  
5910 PARK ST  
JACKSONVILLE, FL 32205 US

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

DELEON WARREN, PATRICE M  
5910 PARK ST  
JACKSONVILLE, FL 32205 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: PATRICE M. DELEON WARREN

02/09/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: DELEON WARREN, PATRICE M  
Address: 5910 PARK ST  
City-St-Zip: JACKSONVILLE, FL 32205

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: PATRICE M. DELEON WARREN

MGR

02/09/2012

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