

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000069613

**FILED**  
**Apr 02, 2010**  
**Secretary of State**

**Entity Name:** POSTURE YOURSELF, LLC

**Current Principal Place of Business:**

1835 E. HALLANDALE BCH BLVD. STE 686  
HALLANDALE BEACH, FL 33009

**New Principal Place of Business:**

1835 E. HALLANDALE BCH BLVD. # 686  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1835 E. HALLANDALE BCH BLVD. STE 686  
HALLANDALE BEACH, FL 33009

**New Mailing Address:**

**FEI Number:** 80-0221763

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WATSON, DAVID O  
1835 E. HALLANDALE BCH BLVD. STE 686  
HALLANDALE BEACH, FL 33009 US

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

WATSON, DAVID O  
1835 E. HALLANDALE BCH BLVD. #686  
HALLANDALE BEACH, FL 33009 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: DAVID O. WATSON

04/02/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: WATSON, DAVID O  
Address: 1835 E. HALLANDALE BCH. BLVD. # 686  
City-St-Zip: HALLANDALE BEACH, FL 33009

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: DAVID O. WATSON

PRES

04/02/2010

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