

# **2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L08000083700

**FILED**  
**May 13, 2009**  
**Secretary of State**

**Entity Name:** FULL BODY FITNESS, LLC

**Current Principal Place of Business:**

7396 SW 40 STREET  
MIAMI, FL 33155

**New Principal Place of Business:**

**Current Mailing Address:**

7396 SW 40 STREET  
MIAMI, FL 33155

**New Mailing Address:**

**FEI Number:** 26-3487665

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LUCARELLIE, ROBERT  
7396 SW 40 STREET  
MIAMI, FL 33155 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: MGR ( ) Delete  
Name: LUCARELLIE, ROBERT  
Address: 7396 SW 40 STREET  
City-St-Zip: MIAMI, FL 33155

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: MGR ( ) Change (X) Addition  
Name: CAYCEDO, CHRISTIE  
Address: 7396 SW 40 STREET  
City-St-Zip: MIAMI, FL 33155

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:** ROBERT LUCARELLIE

MGR

05/13/2009

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