

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000096681

FILED  
Mar 22, 2009  
Secretary of State

Entity Name: HOUSE OF STRENGTH LLC

## Current Principal Place of Business:

10005 SW 80TH WAY  
GAINESVILLE, FL 32608

## New Principal Place of Business:

252 W. ARDICE AVENUE  
403  
EUSTIS, FL 32726

## Current Mailing Address:

10005 SW 80TH WAY  
GAINESVILLE, FL 32608

## New Mailing Address:

252 W. ARDICE AVENUE  
403  
EUSTIS, FL 32726

FEI Number: FEI Number Applied For (X) FEI Number Not Applicable ( ) Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

HANNAH, WILLINGHAM  
10005 SW 80TH WAY  
GAINESVILLE, FL 32608 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: TRAVIS, JUDY  
Address: 10005 SW 80TH WAY  
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGRM ( ) Delete  
Name: CONCAS, PHILIPPE  
Address: 10005 SW 80TH WAY  
City-St-Zip: GAINESVILLE, FL 32608 US

## ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition  
Name: TRAVIS, JUDY  
Address: 252 W. ARDICE AV. SUITE#403  
City-St-Zip: EUSTIS, FL 32726 US

Title: MGRM (X) Change ( ) Addition  
Name: CONCAS, PHILIPPE  
Address: 252 W. ARDICE AV.  
City-St-Zip: EUSTIS, FL 32726 US

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: JUDY TRAVIS

MGR

03/22/2009

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