

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000105356

**FILED**  
**Mar 29, 2010**  
**Secretary of State**

**Entity Name:** PILATES HEALTH CONNEXION, LLC

**Current Principal Place of Business:**

620 N LAKESIDE DR  
LAKE WORTH, FL 33460

**New Principal Place of Business:**

7078 BERACASA WAY  
BOCA RATON, FL 33433

**Current Mailing Address:**

620 N LAKESIDE DR  
LAKE WORTH, FL 33460

**New Mailing Address:**

7078 BERACASA WAY  
BOCA RATON, FL 33433

**FEI Number:** 27-1457348

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

SCHAFER, ANNA  
620 N LAKESIDE DR  
LAKE WORTH, FL 33460 US

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

SCHAFER, ANNA  
7078 BERACASA WAY  
BOCA RATON, FL 33433 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: ANNA SCHAFER

03/29/2010

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: SCHAFER, ANNA  
Address: 7078 BERACASA WAY  
City-St-Zip: BOCA RATON, FL 33433

Title: MGR  
Name: DIFFINE, SUZANNE  
Address: 7078 BERACASA WAY  
City-St-Zip: BOCA RATON, FL 33433

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: ANNA SCHAFER

MGR

03/29/2010

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