## L09000105724

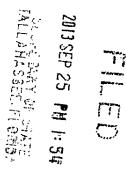
(Re	questor's Name)			
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## **COVER LETTER**

Division of Corporations		
SUBJECT: Body Symphony	, LLC	
Name of	Limited Liability Company	
Dear Sir or Madam:		
The enclosed Registered Agent/Registered	Office Change and fee(s) are submitted for filing.	
Please return all correspondence concerning	g this matter to the following:	
June Robins		
Name of Person		
	ZIII SEP 25	
Firm/Company	25 25	
6100 Nicola Drive	1: :	
6128 Nicole Drive		
Address		
Sarasota, FL 34243		
City/State and Zip Code		
hachbare@amail.com		
bachbars@gmail.com  E-mail address: (to be used for future annual report	notification)	
E-mail address. (to be used for future annual report	nonneation)	
For further information concerning this mat	tter, please call:	
June Robins	_ <sub>at (</sub> 941 <sub>)</sub> 328-2462	
Name of Person	Area Code & Daytime Telephone Number	
STREET/COURIER ADDRESS:	MAILING ADDRESS:	
Registration Section	Registration Section	
Division of Corporations	Division of Corporations	
Clifton Building	P.O. Box 6327	
2661 Executive Center Circle	Tallahassee, Florida 32314	
Tallahassee, Florida 32301	,	
Enclosed is a check for the following	ing amount:	

□ \$55 Filing Fee & Certified Copy

■ \$25 Filing Fee

TO: Registration Section

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.2 liability company submits the following statement in order agent, or both, in the State of Florida.	508, Florida Statutes, ti er to change its register	he under: red office	signed or reg	limitea gisterea
1. Name of the limited liability company: Body Symphony LLC		. <u> </u>		
2. (a) Principal office address of limited liability company (Note: MUST BE STREET ADDRESS)	y: 2802 Terra Ceia Bay Blvd. Palmetto, FL 34221			
(b) Mailing address of limited liability company: (Note: MAY BE POST OFFICE BOX)	2802 Terra Ceia Bay Blvd. Palmetto, FL 34221			
11/03/2009	L09000105721			
3. Date of filing/registration in Florida	4. Document number		-	
5. (a) Registered Agent and Registered Office shown on	the records of the Florid	la Dept. o	f State:	:
Registered Agent:	Paul Erdek	· 		
Registered Office Address:	4411 Bee Ridge Road, Apt #174 Sarasota, FL 34233			
		, 70 M \$70 L	23	
(b) Enter name of <u>NEW Registered Agent</u> and/or <u>NE</u> <u>NEW Registered Agent</u> :	W Registered Office ad	Idress.	13 SEP 25	
NEW Registered Office Address:	2802 Terra Ceia Bay Blvd.	[77] =		m
(MUST BE FLORIDA STREET ADDRESS)	Palmetto	25 F	L 34221	(*****)
If the limited liability company is not organized under the confirmed that after the change or changes are made, the F and the business office of the registered agent will be ident liability company, it is hereby confirmed that the change(s) the members of the limited liability company or as otherwithe operating agreement of the limited liability company.  Signature of a member or authorized representative of a member	lorida street address of t tical. Or, in the case of a was/were authorized by	he registe a Florida v an affiri	red off limited native	vote of
Printed or typed name of signee  I hereby accept the appointment as registered agent and a comply with the provisions of all statutes relative to the prand I am familiar with and accept the obligations of my po Chapter 608, F.S. Or, if this document is being filed to me address, I hereby confirm that the limited liability compan	-	oie I Con	41	ree to

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00

Signature of Registered Agent