

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000113790

**FILED**  
**Apr 18, 2011**  
**Secretary of State**

**Entity Name:** TRANSFORMATIONS TALLAHASSEE, LLC

**Current Principal Place of Business:**

1965 CAPITAL CIRCLE, N.E.  
SUITE 101  
TALLAHASSEE, FL 32308

**New Principal Place of Business:**

**Current Mailing Address:**

1965 CAPITAL CIRCLE, N.E.  
SUITE 101  
TALLAHASSEE, FL 32308

**New Mailing Address:**

**FEI Number:** 27-1391266

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

BLACK, JOHN W ESQ  
2155 DELTA BLVD., SUITE 210-A  
TALLAHASSEE, FL 32303 US

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

EMENIKE, UCHENNA J  
1965 CAPITAL CIRCLE NE  
TALLAHASSEE, FL 32308 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: UJE

04/18/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: EMENIKE, UCHENNA JOHN  
Address: 1965 CAPITAL CIRCLE, N.E.  
City-St-Zip: TALLAHASSEE, FL 32308

Title: MGR  
Name: EMENIKE, MIGNON  
Address: 1965 CAPITAL CIRCLE, N.E.  
City-St-Zip: TALLAHASSEE, FL 32308

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: UJE

MGR

04/18/2011

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