2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 06, 2012
Secretary of State

DOCUMENT# L09000123169

Entity Name: MY FIT 4 LYFE LLC

Current Principal Place of Business:

10884 APPLE BLOSSOM TRAIL EAST
JACKSONVILLE, FL 32218

New Principal Place of Business:

Current Mailing Address:

10884 APPLE BLOSSOM TRAIL EAST
JACKSONVILLE, FL 32218

New Mailing Address:

FEI Number: 90-0647303 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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
Name: IBEABUCHI, NNAEMEKA
Address: 10884 APPLE BLOSSOM TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32218

Title: S
Name: IBEABUCHI, NNAEMEKA
Address: 10884 APPLE BLOSSOM TRAIL EAST
City-St-Zip: JACKSONVILLE, FL 32218

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 Statues.

SIGNATURE: NNAEMEKA IBEABUCHI MGR 01/06/2012

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