

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000041069

**FILED**  
**Jan 13, 2011**  
**Secretary of State**

**Entity Name:** TRU PILATES AND YOGA STUDIO, LLC

**Current Principal Place of Business:**

990 N. ST. RD. 434, STE. 1196  
ALTAMONTA SPRINGS, FL 32714

**New Principal Place of Business:**

990 N. ST. RD. 434  
1196  
ALTAMONTA SPRINGS, FL 32714

**Current Mailing Address:**

990 N. ST. RD. 434, STE. 1196  
ALTAMONTA SPRINGS, FL 32714

**New Mailing Address:**

990 N. ST. RD. 434  
1196  
ALTAMONTA SPRINGS, FL 32714

**FEI Number:** 27-2177692

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

STATHIS, CHRISTINA  
990 N. ST. RD. 434, STE. 1196  
ALTAMONTA SPRINGS, FL 32714 US

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

STATHIS, CHRISTINA  
990 N. ST. RD. 434  
1196  
ALTAMONTA SPRINGS, FL 32714 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: \_\_\_\_\_

Electronic Signature of Registered Agent

01/13/2011

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: STATHIS, CHRISTINA  
Address: 990 N. ST. RD. 434, STE. 1196  
City-St-Zip: ALTAMONTA SPRINGS, FL 32714

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: CHRISTINA STATHIS

OWNE

01/13/2011

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