

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000078944

**FILED**  
**Apr 22, 2011**  
**Secretary of State**

**Entity Name:** CHANGES IN MOTION BOUTIQUE FIT SPA, LLC

**Current Principal Place of Business:**

9823 TAPESTRY CIRCLE  
17  
JACKSONVILLE, FL 32246

**New Principal Place of Business:**

**Current Mailing Address:**

9823 TAPESTRY CIRCLE  
17  
JACKSONVILLE, FL 32246

**New Mailing Address:**

**FEI Number:** 27-3012108

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

SELLARS, KIMBERLY  
9823 TAPESTRY CIRCLE  
17  
JACKSONVILLE, FL 32246 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:** MGRM  
**Name:** SELLAR, KIMBERLY  
**Address:** 1668 MARGARET WALK RD. #R  
**City-St-Zip:** FLEMING ISLAND, FL 320033753

**Title:** MGRM  
**Name:** ANDERSON, WENDY  
**Address:** 1714 DAMPIER STREET  
**City-St-Zip:** MIDDLEBURG, FL 32068

**Title:** MGRM  
**Name:** SELLARS, RUSSELL N  
**Address:** 1668 MARGARET WALK RD. #R  
**City-St-Zip:** FLEMING ISLAND, FL 320033753

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:** KIMBERLY SELLARS

MGRM

04/22/2011

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