

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000108575

**FILED**  
**Apr 26, 2012**  
**Secretary of State**

**Entity Name:** THERAFIT FOOTWEAR LLC

**Current Principal Place of Business:**

1666 KENNEDY CAUSEWAY  
SUITE 400  
NORTH BAY VILLAGE, FL 33141 US

**New Principal Place of Business:**

**Current Mailing Address:**

1666 KENNEDY CAUSEWAY  
SUITE 400  
NORTH BAY VILLAGE, FL 33141 US

**New Mailing Address:**

**FEI Number:**                      **FEI Number Applied For (X)**                      **FEI Number Not Applicable ( )**                      **Certificate of Status Desired ( )**

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

ANDERSON, WILLIAM  
1666 KENNEDY CAUSEWAY  
SUITE 400  
NORTH BAY VILLAGE, FL 33141 US

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

EGOZI, MOISES  
1666 KENNEDY CAUSEWAY  
SUITE 400  
NORTH BAY VILLAGE, FL 33141 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: MOISES EGOZI

04/26/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WELLNESS FOOTWEAR LLC  
Address: 7301 SHELL RIDGE TERRACE  
City-St-Zip: LAKE WORTH, FL 33467 US

Title: MGRM  
Name: FITNESS CONNECTION, LLC  
Address: 7308 BELL MEAD ISLAND DR  
City-St-Zip: MIAMI, FL 33138 US

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: MOISES EGOZI

MGR

04/26/2012

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