

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000004393

FILED
Aug 16, 2009
Secretary of State

Entity Name: TRUE PILATES OF DE, LLC

Current Principal Place of Business:

4320 NE 20TH AVE
FORT LAUDERDALE, FL 33308

New Principal Place of Business:

Current Mailing Address:

4320 NE 20TH AVE
FORT LAUDERDALE, FL 33308

New Mailing Address:

FEI Number: 32-0036327 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

INCorp SERVICES, INC.
17888 67TH COURT NORTH
LOXAHATCHEE, FL 33470 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

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FOX, MICHAEL K
Address: 4320 NE 20TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

Title: MGRM () Delete
Name: PACE, DARIA S
Address: 4320 NE 20TH AVE
City-St-Zip: FORT LAUDERDALE, FL 33308

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: MICHAEL KLERY FOX

MGRM

08/16/2009

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