


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 22, 2007 08:00 A
Secretary of State

DOCUMENT # L06000058338 1. Entity Name COLLECTIVE WELLBEING LLC	
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Principal Place of Business 4711 W. WATERS AVENUE UNIT 1207 TAMPA, FL 33614	Mailing Address 4711 W. WATERS AVENUE UNIT 1207 TAMPA, FL 33614
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DO NOT WRITE IN THIS SPACE



03192007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 20-5002620	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

H. TONI CRUZ, CPA
3111 W. M. L. KING, JR., BLVD.
SUITE 100, MBK-17
TAMPA, FL 33607

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IN THIS SPACE**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST- ZIP	MGRM PECK, NINA 4711 W. WATERS AVENUE, UNIT 1207 TAMPA, FL 33614
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03/30/07-80059-017 50.00

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11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: *Nina Peck* *March 20 2007* *813-886-1615*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #