


**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Apr 21, 2008 8:00 am**  
**Secretary of State**

04-21-2008 90303 029 \*\*\*138.75

**DOCUMENT # L06000058338**

1. Entity Name  
**COLLECTIVE WELLBEING LLC**



Principal Place of Business  
**4711 W. WATERS AVENUE  
 UNIT 1207 903  
 TAMPA, FL 33614**

Mailing Address  
**4711 W. WATERS AVENUE  
 UNIT 1207 903  
 TAMPA, FL 33614**

2. Principal Place of Business - No P.O. Box #  
 Suite, Apt. #, etc. **903**

3. Mailing Address  
 Suite, Apt. #, etc. **903**

City & State  
 City & State

Zip Country Zip Country



04132008 Chg-LLC CR2E083 (12/06)

4. FEI Number  
**20-5002620**

Applied For  
 Not Applicable

5. Certificate of Status Desired  **\$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**

**7. Name and Address of New Registered Agent**

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

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)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

**Make check payable to**  
**Florida Department of State**

**9. MANAGING MEMBERS/MANAGERS**

|  |   |                                 |
|--|---|---------------------------------|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | MGRM<br>PECK, NINA<br>4711 W. WATERS AVENUE, UNIT 1207<br>TAMPA, FL 33614 | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |   | <input type="checkbox"/> Delete |

**10. ADDITIONS/CHANGES**

|  |          |  |
|--|----------|--|
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
|  | UNIT 903 |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP |          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |

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* **04-14-08** **813 886 1615**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #