

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058338

FILED  
Feb 01, 2011  
Secretary of State

**Entity Name:** COLLECTIVE WELLBEING LLC

**Current Principal Place of Business:**

4711 W. WATERS AVENUE  
UNIT 903  
TAMPA, FL 33614

**New Principal Place of Business:**

**Current Mailing Address:**

4711 W. WATERS AVENUE  
UNIT 903  
TAMPA, FL 33614

**New Mailing Address:**

FEI Number: 20-5002620

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SANDRA ROSADO  
4711 W. WATERS AVENUE  
UNIT 903  
TAMPA, FL 33614 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: PECK, NINA  
Address: 4711 W WATERS AVE UNIT 903  
City-St-Zip: TAMPA, FL 33614

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: NINA PECK

MGRM

02/01/2011

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