

**2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED  
Jun 15, 2009  
Secretary of State**

DOCUMENT# L08000046989

Entity Name: WELLNESS FINANCIAL, LLC

**Current Principal Place of Business:**

777 NORTH ASHLEY DR  
UNIT 1503  
TAMPA, FL 33602

**New Principal Place of Business:**

**Current Mailing Address:**

777 NORTH ASHLEY DR  
UNIT 1503  
TAMPA, FL 33602

**New Mailing Address:**

FEI Number:                      FEI Number Applied For (X)                      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:**

MCFARLANE, MISTY J  
777 NORTH ASHLEY DR  
UNIT 1503  
TAMPA, FL 33602 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                      ( ) Delete  
Name:                      MCFARLANE, MISTY J  
Address:                      777 NORTH ASHLEY DR UNIT 1503  
City-St-Zip:                      TAMPA, FL 33602

**ADDITIONS/CHANGES:**

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: MISTY MCFARLANE

MGRM

06/15/2009

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