

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046989

FILED  
May 12, 2010  
Secretary of State

**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:**

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

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

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: MISTY MCFARLANE

MGRM

05/12/2010

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