2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 07, 2012
Secretary of State

DOCUMENT# L10000123542

Entity Name: ONE TRIBE WELLNESS DISTRIBUTION, LLC

Current Principal Place of Business:

105 MITNIK DRIVE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

105 MITNIK DRIVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 27-4123999 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

POPPER, DAVID H
931 VERSAILLES CIRCLE
MAITLAND, FL 32751 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: MGMR
Name: WAXMAN-LOYD, JENNIFER P
Address: 105 MITNIK DRIVE
City-St-Zip: DELTONA, FL 32738 US

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 Statues.

SIGNATURE: JENNIFER WAXMAN-LOYD MGMR 02/07/2012

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