

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000010671

**FILED**  
**Apr 20, 2009**  
**Secretary of State**

**Entity Name:** WELLNESS FOR FEET, LLC

**Current Principal Place of Business:**

1500 UNIVERSITY DR., SUITE 245  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

1500 UNIVERSITY DR.,  
SUITE 201-D  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

1500 UNIVERSITY DR., SUITE 245  
CORAL SPRINGS, FL 33071

**New Mailing Address:**

1500 UNIVERSITY DR.,  
SUITE 201-D  
CORAL SPRINGS, FL 33071

**FEI Number:** 65-1035015

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JUMPINGJAXTAX.COM, INC.  
1940 HARRISON STREET  
SUITE 306  
HOLLYWOOD, FL 330205072 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:** FARMER, MARGARET  
**Address:** 1500 UNIVERSITY DR., SUITE 245  
**City-St-Zip:** CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

**Title:** MGRM (X) Change ( ) Addition  
**Name:** FARMER, MARGARET  
**Address:** 1500 UNIVERSITY DR., SUITE 201-D  
**City-St-Zip:** CORAL SPRINGS, FL 33071

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:** MARGARET FARMER

MGRM

04/20/2009

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