

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L00000010671

Entity Name: WELLNESS FOR FEET, LLC

**FILED**  
**Apr 26, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

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

## **New Principal Place of Business:**

4613 N UNIVERSITY DRIVE  
SUITE 414  
CORAL SPRINGS, FL 33067

## **Current Mailing Address:**

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

## **New Mailing Address:**

4613 N UNIVERSITY DRIVE  
SUITE 414  
CORAL SPRINGS, FL 33067

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  
Name: FARMER, MARGARET  
Address: 4613 N UNIVERSITY DRIVE STE # 414  
City-St-Zip: CORAL SPRINGS, FL 33067

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: MARGARET FARMER

MGRM

04/26/2011

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