

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 29, 2003 8:00 am
Secretary of State

0011768

DOCUMENT # L00000010671

1. Entity Name

WELLNESS FOR FEET, LLC



04-29-2003 90027 022 ****50.00

20035479



☐ CHECK HERE IF MAKING CHANGES

Principal Place of Business
**1500 UNIVERSITY DR., SUITE 245
CORAL SPRINGS FL 33071**

Mailing Address
**1500 UNIVERSITY DR., SUITE 245
CORAL SPRINGS FL 33071**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number **65-1035015**

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**JUMPINGJAXTAX.COM, INC.
1940 HARRISON STREET
SUITE 201 B
HOLLYWOOD FL 33020-5072**

Name **JUMPING JAX TAX, INC.**

Street Address (P.O. Box Number is Not Acceptable)

1940 HARRISON ST., STE. 201-B

City **HOLLYWOOD**

FL

Zip Code **33020-5072**

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	FARMER, MARGARET	
STREET ADDRESS	1500 UNIVERSITY DR., SUITE 245	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS		
CITY-ST-ZIP		

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE REQUIRED
MARGARET FARMER

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/6/2003 954 755-2222

Date

Daytime Phone #

CR2E083 (10/02)