

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L00000016284

Entity Name: WELLNESS...NATURALLY LLC

FILED  
May 06, 2006  
Secretary of State

**Current Principal Place of Business:**

6603 WOOD MEADOW LOOP  
BRADENTON, FL 34202

**New Principal Place of Business:**

**Current Mailing Address:**

6603 WOOD MEADOW LOOP  
BRADENTON, FL 34202

**New Mailing Address:**

FEI Number: 65-1093454      FEI Number Applied For ( )      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:**

WATSON, DAVID  
6603 WOOD MEADOW LOOP  
BRADENTON, FL 34202      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: MGR      ( ) Delete  
Name: WATSON, DAVID R MR.  
Address: 6603 WOOD MEADOW LOOP  
City-St-Zip: BRADENTON, FL 34202 US

**ADDITIONS/CHANGES:**

Title:      ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: DAVID WATSON

MGR

05/06/2006

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