

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000022182

FILED
Feb 06, 2005
Secretary of State

Entity Name: FAD FREE WELLNESS LLC

Current Principal Place of Business:

4811 GREYMOSS LANE
SARASOTA, FL 34233

New Principal Place of Business:

Current Mailing Address:

4811 GREYMOSS LANE
SARASOTA, FL 34233

New Mailing Address:

FEI Number: 20-1255216

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FERNANDEZ, MS, RD., CONNIE A LD/N
4811 GREYMOSS LANE
SARASOTA, FL 34233 US

Name and Address of New Registered Agent:

FERNANDEZ, CONNIE A MS, RD
4811 GREYMOSS LANE
SARASOTA, FL 34233 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: CONNIE A FERNANDEZ, MS, RD

02/06/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: FERNANDEZ, MS, RD., CONNIE A LD/N
Address: 4811 GREYMOSS LANE
City-St-Zip: SARASOTA, FL 34233

Title: MGRM () Delete
Name: FERNANDEZ, CONNIE A
Address: 4811 GREYMOSS LANE
City-St-Zip: SARASOTA, FL 34233

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FERNANDEZ, CONNIE A MS, RD
Address: 4811 GREYMOSS LANE
City-St-Zip: SARASOTA, FL 34233

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 Section 119.07(3)(i), 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: CONNIE A FERNANDEZ, MS, RD

MGRM

02/06/2005

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