

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000066602

Entity Name: WELLNESS SOLUTIONS, LLC

FILED
Aug 22, 2005
Secretary of State

Current Principal Place of Business:

995 SR 434 NORTH STE 507
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

Current Mailing Address:

380 SPEYSIDE LANE
APOPKA, FL 32712

New Mailing Address:

FEI Number: 27-0103042 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:

STEPHENSON, MICHAEL F
380 SPEYSIDE LANE
APOPKA, FL 32712 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: STEPHENSON, MICHAEL F
Address: 380 SPEYSIDE LANE
City-St-Zip: APOPKA, FL 32712

Title: MGR () Delete
Name: STEPHENSON, CONI B
Address: 380 SPEYSIDE LANE
City-St-Zip: APOPKA, FL 32712

ADDITIONS/CHANGES:

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

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: CONI B. STEPHENSON

MGR

08/22/2005

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