

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000079824

**FILED**  
**Jan 21, 2010**  
**Secretary of State**

**Entity Name:** GUIDING LIGHT WELLNESS CENTER, LLC

**Current Principal Place of Business:**

11924 FORREST HILL BLVD.  
SUITE 22,300  
WELLINGTON, FL 33414 US

**New Principal Place of Business:**

3319 STATE ROAD SEVEN  
SUITE 210  
WELLINGTON, FL 33449 US

**Current Mailing Address:**

11924 FORREST HILL BLVD.  
SUITE 22,300  
WELLINGTON, FL 33414 US

**New Mailing Address:**

3319 STATE ROAD SEVEN  
SUITE 210  
WELLINGTON, FL 33449 US

**FEI Number:** 20-1834446

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

STAR, JODI  
11311 EDGEWATER CIRCLE  
WELLINGTON, FL 33414 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: DR  
Name: STAR, JODI  
Address: 3319 STATE ROAD SEVEN, SUITE 210  
City-St-Zip: WELLINGTON, FL 33449 US

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: JODI STAR

DR.

01/21/2010

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