

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018743

FILED  
Mar 17, 2008  
Secretary of State

Entity Name: WIL LOU WELLNESS L.L.C.

**Current Principal Place of Business:**

2525 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

**New Principal Place of Business:**

**Current Mailing Address:**

2525 RIVERSIDE AVE  
JACKSONVILLE, FL 32204

**New Mailing Address:**

FEI Number: 20-2331896

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

OUTLAW, COLLEEN  
2525 RIVERSIDE AVE  
JACKSONVILLE, FL 32204 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: MGR ( ) Delete  
Name: OUTLAW, COLLEEN  
Address: 3309 VICTORIA PARK RD  
City-St-Zip: JACKSONVILLE, FL 32216

Title: MGR ( ) Delete  
Name: PHELAN, T. MICHAEL  
Address: 4570 ORTEGA ISLAND DR N  
City-St-Zip: JACKSONVILLE, FL 32210

**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 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: COLLEEN OUTLAW

MGR

03/17/2008

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