

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000018743

FILED
Mar 20, 2009
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

03/20/2009

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