2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 JUN 16 AM 10:35

DOCUMENT # L05000026797

1. Entity Name

SOUTHEASTERN WELLNESS INSTITUTE, L.L.C.

Principal Place of Business	Mailing Address
12241 N.W. 11TH STREET PEMBROKE PINES FL 33026	12241 N.W. 11TH STREET PEMBROKE PINES FL 33026

1st MOORE CR2E083 (10/05)

2. Principal Place of Business	3. Mailing Address
Southeastern Wellness LLC	1041 Ives Dairy Rd.
Suite, Apt #, etc.	Suite, Apt #, etc. Bldg 5, Suite 236
City & State: Miami Fl	City & State
Zip: 33179 Country: Dade	Zip Country

4. FEI Number ☒ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

HENSON, ARTHUR N II
12241 N.W. 11TH STREET
PEMBROKE PINES FL 33026

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City FL Zip Code

8. 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. I am familiar with, and accep the obligations of registered agent.

SIGNATURE ________ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2006

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Pres. arthur N. Henson II 12241 N.W. 11 th St Pembroke Pines Fl 33026 ☐ Delete 6-5-06	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add U00000533603 05/06/06-80130-009 50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Add

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: Arthur N. Henson II ARTHUR N. HENSON II 1-31-06 954-438-176

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #