

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000041616

FILED
Mar 24, 2009
Secretary of State

Entity Name: THE WOMEN'S WELLNESS CENTER OF SOUTH FLORIDA LLC

Current Principal Place of Business:

5901 COLONIAL DRIVE
SUITE 303
MARGATE, FL 33063

New Principal Place of Business:

Current Mailing Address:

13900 S JOG ROAD
203-276
DELRAY BEACH, FL 33446

New Mailing Address:

FEI Number: 51-0545717

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KATZ, ALLEN H
13900 S JOG ROAD
203-376
DELRAY BEACH, FL 33446 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: MGRM () Delete
Name: SOLOMON, TARA A DR.
Address: 5901 COLONIAL DR STE 303
City-St-Zip: MARGATE, FL 33063

Title: MGRM () Delete
Name: SOLOMON, SANDI
Address: 2429 ST ALBERTS TER
City-St-Zip: BROOKVILLE, MD 20833

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: TARA SOLOMON

M

03/24/2009

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