

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000043379

FILED
Apr 29, 2008
Secretary of State

Entity Name: WELLNESS AUTHORS, LLC

Current Principal Place of Business:

2606 NW 58TH BLVD
GAINESVILLE, FL 32606

New Principal Place of Business:

Current Mailing Address:

2606 NW 58TH BLVD
GAINESVILLE, FL 32606

New Mailing Address:

FEI Number: 20-2743419

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KALISHMAN, STEVEN
5055 SW 91ST TERRACE
GAINESVILLE, FL 32608 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: MGMR () Delete
Name: LEWIS, ADRIAN
Address: 2606 NW 58TH BLVD
City-St-Zip: GAINESVILLE, FL 32606 US

Title: MGMR () Delete
Name: KALISHMAN, STEVEN J
Address: 5055 SW 91ST TERRACE
City-St-Zip: GAINESVILLE, FL 32608 US

Title: MGMR () Delete
Name: WATTS, DANIEL
Address: 4905 CLARK ROAD
City-St-Zip: SARASOTA, FL 34233 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ADRIAN LEWIS

MGMR

04/29/2008

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