

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
May 09, 2007 8:00 am
Secretary of State

05-09-2007 90028 023 ****55.00

DOCUMENT # L05000090454

1. Entity Name

PURE ENERGY WELLNESS, LLC



Principal Place of Business

3611 SOUTH SAINT LUCIE DRIVE
CASSELBERRY FL 32707

Mailing Address

3611 SOUTH SAINT LUCIE DRIVE
CASSELBERRY FL 32707



2. Principal Place of Business - No P.O. Box #

2250 LEE RD.

Suite, Apt. #, etc.

Suite 300

3. Mailing Address

1900 Emerald Green Circle

Suite, Apt. #, etc.

1st MOORE

CR2E083 (10/06)

City & State

Winter Park, FL

City & State

Oviedo, FL

4. FEI Number

20-3465854

Applied For

Not Applicable

Zip

32789

Country

USA

Zip

32705

Country

USA

5. Certificate of Status Desired



\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

DUNN, JONATHAN D PRES
3611 SOUTH SAINT LUCIE DRIVE
CASSELBERRY FL 32707

7. Name and Address of New Registered Agent

Name

Jonathan D. Dunn

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

1900 Emerald Green Circle

City

Oviedo

FL

Zip Code

32765

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 accept 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

3/26/07

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2007

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
MGRM	DUNN, JONATHAN	3611 SOUTH SAINT LUCIE DRIVE	CASSELBERRY FL 32707	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
	Dunn, Jonathan	1900 Emerald Green Circle	Oviedo, FL 32765	<input type="checkbox"/>	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Jonathan Dunn

3/26/07

407 310 3755