

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000119516

FILED  
May 02, 2008  
Secretary of State

**Entity Name:** HANDS ON WELLNESS INTERNATIONAL, LLC

**Current Principal Place of Business:**

131 YACHT CLUB WAY  
101  
HYPOLUXO, FL 33462

**New Principal Place of Business:**

5724 BOYNTON CRESCENT  
BOYNTON BEACH, FL 33437

**Current Mailing Address:**

131 YACHT CLUB WAY  
101  
HYPOLUXO, FL 33462

**New Mailing Address:**

5724 BOYNTON CRESCENT  
BOYNTON BEACH, FL 33437

FEI Number: 20-3820388      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

MACK, JOSHUA W  
5724 BOYNTON CRESCENT  
BOYNTON BEACH, FL 33437      US

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: MACK, JOSHUA W  
Address: 131 YACHT CLUB WAY  
City-St-Zip: HYPOLUXO, FL 33462

**ADDITIONS/CHANGES:**

Title: MGR      (X) Change      ( ) Addition  
Name: MACK, JOSHUA W  
Address: 5724 BOYNTON CRESCENT  
City-St-Zip: BOYNTON BEACH, FL 33437

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: JOSHUA W. MACK

MGR

05/02/2008

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