

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000022760

FILED  
Apr 30, 2008  
Secretary of State

**Entity Name:** BREATH OF LIFE WELLNESS CENTER, L.L.C.

**Current Principal Place of Business:**

716 2ND STREET NORTH  
ST. PETERSBURG, FL 33701 US

**New Principal Place of Business:**

**Current Mailing Address:**

1111 46TH AVENUE NORTH  
ST. PETERSBURG, FL 33703 US

**New Mailing Address:**

8603 18TH WAY NORTH  
ST. PETERSBURG, FL 33702 US

FEI Number: 20-4408345

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MOORE, CHELSEA  
1111 46TH AVENUE NORTH  
ST. PETERSBURG, FL 33703 US

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

MOORE, CHELSEA  
8603 18TH WAY NORTH  
ST. PETERSBURG, FL 33702 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:

04/30/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MOORE, CHELSEA  
Address: 1111 46TH AVENUE NORTH  
City-St-Zip: ST. PETERSBURG, US 33703 US

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: MOORE, CHELSEA  
Address: 8603 18TH WAY NORTH  
City-St-Zip: ST. PETERSBURG, US 33702 US

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: CHELSEA A. MOORE

MRS.

04/30/2008

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