2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 14, 2007 8:00 am
Secretary of State
05-22-2007 90180 041 ****50.00

DOCUMENT # L06000023915

1. Entity Name

TOTAL WELLNESS PROFESSIONALS, LLC

Principal Place of Business	Mailing Address
25 ISLE OF VENICE # 4 FT. LAUDERDALE FL 33301 US	25 ISLE OF VENICE # 4 FT. LAUDERDALE FL 33301 US

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
		1007 N Federal Hwy	
Suite, Apt. #, etc.		Suite, Apt. #, etc #138 Fort Laud. FL	
City & State		City & State 33304	
Zip	Country	Zip	Country USA

1st MOORE CR2E083 (10/06)

4. FEI Number 20-4438557 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
HECHT, ALI 25 ISLE OF VENICE # 4 FT. LAUDERDALE FL 33301	Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code

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

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HECHT, ALI 25 ISLE OF VENICE # 4 FT. LAUDERDALE FL 33301	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: Ali Hecht 2/27/07 9547320517

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #