

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT (AR) - DUE BY MAY 1, 2008**

FILED
Feb 25, 2008 8:00 am
Secretary of State

DOCUMENT # L06000023915

1. Entity Name

TOTAL WELLNESS PROFESSIONALS, LLC



02-25-2008 90141 001 ***138.75

02-25-2008 90141 002 *****5.00

Principal Place of Business

25 ISLE OF VENICE
4
FT. LAUDERDALE FL 33301
US

Mailing Address

1007 N FEDERAL HWY #138
FORT LAUDERDALE FL 33304
US



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

511 S.E. 5TH Ave

3. Mailing Address

1007 N. Federal Hwy #138

Suite, Apt. #, etc.

APT. # 1902

Suite, Apt. #, etc.

FORT LAUDERDALE

City & State

FT. LAUDERDALE FL

City & State

FLA.

Zip

33301

Country

US

Zip

33301

Country

U.S.

1st MOORE

CR2E083 (10/07)

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

HECHT, ALI
25 ISLE OF VENICE
4
FT. LAUDERDALE FL 33301

7. Name and Address of New Registered Agent

Name

HECHT, ALI

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

511 S.E. 5TH Ave.

APT. 1902

City

FT. LAUDERDALE

FL

Zip Code

33301

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

Ali Hecht

Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent Signature required when renewing)

3/15/08

DATE

FILE NOW!!! FEE IS \$138.75

After May 1, 2008, Fee Will Be \$538.75

Make Check Payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS

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

☐ Delete

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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGRM
HECHT, ALI
511 S.E. 5TH Ave. APT. 1902
FT. LAUDERDALE FL. 33301

☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

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☐ 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*

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

3/15/08 9517320517

Date

Digitally Signed