

# **2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000030586

**FILED**  
**Apr 22, 2008**  
**Secretary of State**

**Entity Name:** WELLNESS CONCEPTS OF FLORIDA L.L.C.

**Current Principal Place of Business:**

9070 58TH DRIVE EAST  
STE 103  
BRADENTON, FL 34202 US

**New Principal Place of Business:**

**Current Mailing Address:**

PO BOX 20247  
BRADENTON, FL 34204

**New Mailing Address:**

**FEI Number:** 20-4549981

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

KOTLARCZYK, GREGORY G  
5115 39TH AVENUE EAST  
BRADENTON, FL 34208 US

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

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:** KOTLARCZYK, GREGORY G  
**Address:** 5115 39TH AVENUE EAST  
**City-St-Zip:** BRADENTON, FL 34208 US

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** KOTLARCZYK, GREGORY G  
**Address:** PO BOX 20247  
**City-St-Zip:** BRADENTON, FL 34204 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:** GREGORY G KOTLARCZYK

MGR

04/22/2008

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