

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061705

FILED
Mar 31, 2008
Secretary of State

Entity Name: INTENTIONAL WELLNESS, LLC

Current Principal Place of Business:

805 DOUGLAS AVENUE
SUITE 159
ALTAMONTE SPRINGS, FL 32714

New Principal Place of Business:

2139 WEST STATE ROAD 434
UNIT 101
LONGWOOD, FL 32779

Current Mailing Address:

805 DOUGLAS AVENUE
SUITE 159
ALTAMONTE SPRINGS, FL 32714

New Mailing Address:

2139 WEST STATE ROAD 434
UNIT 101
LONGWOOD, FL 32779

FEI Number: 20-5067293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WALPERT, ROBYN J
2139 WEST STATE ROAD 434, UNIT 101
LONGWOOD, FL 32779 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: MGRM () Delete
Name: WALPERT, ROBYN J
Address: 2087 LAKE MARION DR.
City-St-Zip: APOPKA, FL 32712 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ROBYN J. WALPERT

MGRM

03/31/2008

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