

2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061705

Entity Name: INTENTIONAL WELLNESS, LLC

FILED
Apr 06, 2010
Secretary of State

Current Principal Place of Business:

2139 WEST STATE ROAD 434
UNIT 101
LONGWOOD, FL 32779

New Principal Place of Business:

405 W. CENTRAL PARKWAY
SUITE 1000,
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

2139 WEST STATE ROAD 434
UNIT 101
LONGWOOD, FL 32779

New Mailing Address:

2087 LAKE MARION DR
APOPKA, FL 32712

FEI Number: 20-5067293

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

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:

ROSE, ROBYN J
2087 LAKE MARION DR
APOPKA, FL 32712 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: ROBYN J ROSE

04/06/2010

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: ROSE, ROBYN J
Address: 2087 LAKE MARION DR.
City-St-Zip: APOPKA, FL 32712 US

I hereby 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 ROSE

MGRM

04/06/2010

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