2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 15, 2011
Secretary of State

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Entity Name: INTENTIONAL WELLNESS, LLC

Current Principal Place of Business:

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

New Principal Place of Business:

405 W. CENTRAL PARKWAY
SUITE 1010,
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

2087 LAKE MARION DR
APOPKA, FL 32712

New Mailing Address:

FEI Number: 20-5067293 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

ROSE, ROBYN J
2087 LAKE MARION DR
APOPKA, FL 32712 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
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 Statues.

SIGNATURE: ROBYN ROSE MGRM 03/15/2011

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