

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000084384

Entity Name: NEW DAY WELLNESS LLC

**FILED**  
**Apr 15, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

8100 NW 27TH BLVD  
C408  
GAINESVILLE, FL 32606

**New Principal Place of Business:**

3700 NW 91ST STREET  
#E300  
GAINESVILLE, FL 32606

**Current Mailing Address:**

7701 SW 56TH AVENUE  
GAINESVILLE, FL 32608

**New Mailing Address:**

FEI Number: 20-5443089

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SACK, BRUCE G  
7701 SW 56TH AVE  
GAINESVILLE, FL 32608 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: SACK, BRUCE G  
Address: 7701 SW 56TH AVE  
City-St-Zip: GAINESVILLE, FL 32608

Title: MGRM  
Name: MARGARET, SACK M  
Address: 7701 SW 56TH AVE  
City-St-Zip: GAINESVILLE, FL 32608

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: BRUCE SACK

MGRM

04/15/2012

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