May-01-07 09:49A Travani&Richter, P.A. 5

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Aug 13, 2007 8:00 am
Secretary of State
05-16-2007 90174 040 ****50.00

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L06000105824

1. Entity Name
TREASURE COAST FAMILY WELLNESS, LLC

C5012007 Cng-LLC CR2E083 (12/06)

Principal Place of Business	Mailing Address
8929 S.E. BRIDGE ROAD HOPE SOUND, FL 33455	8929 S.E. BRIDGE ROAD HOPE SOUND, FL 33455

2. Principal Place of Business No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc		Suite Apt #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number 20-5772361 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
FILINGS, INC.
3732 NORTHWEST 16TH STREET
FORT LAUDERDALE, FL 33311

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE ______________________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM GREENWALD, BRETT 8929 S.E. BRIDGE ROAD HOPE SOUND, FL 33455	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	BRIDGE R JAD	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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: [signature] 4/30/07 954-898-5494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Ck# 1722