# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Sep 23, 2009**
**Secretary of State**

DOCUMENT# L06000119925

**Entity Name:** WELLNESS WATCHERS GLOBAL, LLC

**Current Principal Place of Business:**

1201 HAYS STREET
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

**Current Mailing Address:**

1201 HAYS STREET
TALLAHASSEE, FL 32301

**New Mailing Address:**

**FEI Number: 20-5968354** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: BENSON, STUART A
Address: 1289 CLINT MOORE ROAD
City-St-Zip: BOCA RATON, FL 33487

Title: MGRM ( ) Delete
Name: HAYES, DONALD L
Address: 529 AVENIDA DEL VERDOR
City-St-Zip: SAN CLEMENTE, CA 92672

Title: MGRM ( ) Delete
Name: HAYES, DEONN
Address: 529 AVENIDA DEL VERDOR
City-St-Zip: SAN CLEMENTE, CA 92672

**ADDITIONS/CHANGES:**

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

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

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: STUART A. BENSON MGRM 09/23/2009

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