

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000006636

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: COMPLETE WELLNESS 4 LIFE, LLC

**Current Principal Place of Business:**

1507 YARDLEY DR  
WESLEY CHAPEL, FL 33543 US

**New Principal Place of Business:**

**Current Mailing Address:**

1507 YARDLEY DR  
WESLEY CHAPEL, FL 33543 US

**New Mailing Address:**

FEI Number:                      FEI Number Applied For ( )                      FEI Number Not Applicable (X)                      Certificate of Status Desired ( )

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

BUSINESS FILINGS INCORPORATED  
1203 GOVERNORS SQUARE BLVD., SUITE 101  
TALLAHASSEE, FL 323012960 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:                      P                      ( ) Delete  
Name:                      CAYLOR, ROBERT  
Address:                      1507 YARDLEY DR  
City-St-Zip:                      WESLEY CHAPEL, FL 33543

Title:                      D                      ( ) Delete  
Name:                      CAYLOR, ROBERT  
Address:                      1507 YARDLEY DR  
City-St-Zip:                      WESLEY CHAPEL, FL 33543

**ADDITIONS/CHANGES:**

Title:                      P                      (X) Change ( ) Addition  
Name:                      CAYLOR, ROBERT  
Address:                      1507 YARDLEY DR  
City-St-Zip:                      WESLEY CHAPEL, FL 33544

Title:                      D                      (X) Change ( ) Addition  
Name:                      CAYLOR, ROBERT  
Address:                      1507 YARDLEY DR  
City-St-Zip:                      WESLEY CHAPEL, FL 33544

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: ROBERT F CAYLOR

MGRM

04/08/2009

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