

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