

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000007003

1. Entity Name
THE INSTITUTE FOR WELLBEING, LLC



FILED
08 FEB 15 PM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
909 BEVILLE ROAD
SOUTH DAYTONA, FL 32119

Mailing Address
909 BEVILLE ROAD
SOUTH DAYTONA, FL 32119

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

01212008 Chg-LLC CR2E083 (12/06)

City & State

City & State

4. FEI Number

Applied For
Not Applicable

Zip

Country

Zip

Country

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Douglas A. Daniels
501 N. Grandview Avenue, 3rd Floor
Daytona Beach, FL 32118

Name
Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
City
Tallahassee FL Zip Code 32301

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

Joyce L. Markley
Signature, type or printed name of registered agent and title if applicable.

Joyce L. Markley
as its agent

(NOTE: Registered Agent signature required when reinstating)

DATE

2/15/08

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ROSS, PAMELA
909 BEVILLE ROAD
SOUTH DAYTONA, FL 32119 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition
400118130584

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

Pam Ross

1-25-08



CORPORATION SERVICE COMPANY

LO70VVUU7003

RECEIVED

ACCOUNT NO. : 072100000032

08 FEB 15 PM 12:43

REFERENCE : 447209

7294749

AUTHORIZATION :

[Signature]

TALLAHASSEE, FLORIDA

COST LIMIT : \$138.75

ORDER DATE : February 15, 2008

ORDER TIME : 11:43 AM

ORDER NO. : 447209-015

CUSTOMER NO: 7294749

FILED
08 FEB 15 PM 3:50
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

[Signature]

ANNUAL REPORT

NAME: THE INSTITUTE FOR WELLBEING,
LLC

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Joyce Markley -- EXT# 2930

EXAMINER: _____