

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000007003

FILED
Mar 19, 2009
Secretary of State

Entity Name: THE INSTITUTE FOR WELLBEING, LLC

Current Principal Place of Business:

909 BEVILLE ROAD
SOUTH DAYTONA, FL 32119

New Principal Place of Business:

802 DUNLAWTON AVE #102
PORT ORANGE, FL 32127

Current Mailing Address:

909 BEVILLE ROAD
SOUTH DAYTONA, FL 32119

New Mailing Address:

3280C SO ATLANTIC AVE #48
PORT ORANGE, FL 32118 US

FEI Number: **FEI Number Applied For (X)** **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: ROSS, PAMELA
Address: 909 BEVILLE ROAD
City-St-Zip: SOUTH DAYTONA, FL 32119

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ROSS, PAMELA
Address: 3280C SO ATLANTIC AVE #48
City-St-Zip: PORT ORANGE, FL 32118

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: PAMELA ROSS

MGR

03/19/2009

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