

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000064238

**FILED**  
**Apr 01, 2011**  
**Secretary of State**

**Entity Name:** PROSUN WELLNESS PRODUCTS, LLC

**Current Principal Place of Business:**

2442 23RD STREET NORTH  
ST. PETERSBURG, FL 33713 US

**New Principal Place of Business:**

**Current Mailing Address:**

2442 23RD STREET NORTH  
ST. PETERSBURG, FL

**New Mailing Address:**

2442 23RD STREET NORTH  
ST. PETERSBURG, FL 33713 US

**FEI Number:** 26-0841225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

CATHRINA, HENKEMANS  
6124 KIPPS COLONY DRIVE W  
GULFPORT, FL 33707 US

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

TOM, HENKEMANS  
6124 KIPPS COLONY DRIVE WEST  
GULFPORT, FL 33707 US

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: TOM HENKEMANS

04/01/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: PRES  
Name: TOM HENKEMANS  
Address: 6124 KIPPS COLONY DR. W.  
City-St-Zip: GULFPORT, FL 33707

I hereby 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: TOM HENKEMANS

PRES

04/01/2011

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