

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000064238

**FILED**  
**Feb 07, 2012**  
**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 33713 US

**New Mailing Address:**

**FEI Number:** 26-0841225

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

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

02/07/2012

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