

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000075795

**FILED**  
**Apr 29, 2012**  
**Secretary of State**

**Entity Name:** AGELESS WISDOM - AGELESS YOU, LLC

**Current Principal Place of Business:**

4446 HENDRICKS AVENUE  
SUITE 408  
JACKSONVILLE, FL 32207

**New Principal Place of Business:**

4446 HENDRICKS AVENUE  
SUITE 234  
JACKSONVILLE, FL 32207

**Current Mailing Address:**

4446 HENDRICKS AVENUE  
SUITE 408  
JACKSONVILLE, FL 32207

**New Mailing Address:**

4446 HENDRICKS AVENUE  
SUITE 234  
JACKSONVILLE, FL 32207

**FEI Number:** 26-0580477

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WHITEFIELD, B. THOMAS  
4040 WOODCOCK DRIVE  
SUITE 202  
JACKSONVILLE, FL 32207 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  
Name: MORFORD, DOLORES W  
Address: 4446 HENDRICKS AVENUE, STE. 234  
City-St-Zip: JACKSONVILLE, FL 32207

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: DOLORES MORFORD

MGR

04/29/2012

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