

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L07000095401

FILED  
Feb 07, 2008  
Secretary of State

**Entity Name:** BLESSING HEALTH AND WELLNESS LLC.

**Current Principal Place of Business:**

530 LANCASTER ROAD  
2  
ORLANDO, FL 32809

**New Principal Place of Business:**

**Current Mailing Address:**

530 LANCASTER ROAD  
2  
ORLANDO, FL 32809

**New Mailing Address:**

**FEI Number:** 26-1082560

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

LAZARUS, GLENN  
3500 CONNOR  
ORLANDO, FL 32809 US

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

DIANE, COPELAND  
530 WEST LANCASTER RD  
2  
ORLANDO, FL 32809 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: DIANE COPELAND

02/07/2008

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAZARUS, GLENN S  
Address: 820 CAMARGO WAY  
City-St-Zip: ALTAMONT SPRING, FL 32714

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: COPELAND, DIANE  
Address: 530 WEST LANDCASTER RD # 2  
City-St-Zip: ORLANDO, FL 32809

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: DIANE COPELAND

MGR

02/07/2008

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