

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000098600

Entity Name: POINTS OF WELLNESS, LLC

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

## **Current Principal Place of Business:**

34911 US 19N  
#612  
PALM HARBOR, FL 34684

## **Current Mailing Address:**

34911 US 19N  
#612  
PALM HARBOR, FL 34684

## **New Principal Place of Business:**

2364 BOY SCOUT RD.  
200  
CLEARWATER, FL 33763

## **New Mailing Address:**

2364 BOY SCOUT RD.  
200  
CLEARWATER, FL 33763

FEI Number: 26-1149287

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

CERNIGLIA, SHARIN LEE  
2720 NORTHRIDGE DR E  
CLEARWATER, FL 33761 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: CERNIGLIA, SHARIN LEE  
Address: 2720 NORTHRIDGE DR E  
City-St-Zip: CLEARWATER, FL 33761

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: SHARIN LEE CERNIGLIA

MGRM

02/29/2012

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