

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L07000114370

Entity Name: ZEST WELLNESS LLC

**FILED**  
**Jan 06, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2933 CANDLELIGHT LANE  
PALM SPRINGS, CA 92264

**New Principal Place of Business:**

180 BEACH DRIVE NE  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

2933 CANDLELIGHT LANE  
PALM SPRINGS, CA 92264

**New Mailing Address:**

180 BEACH DRIVE NE  
ST PETERSBURG, FL 33701

FEI Number: 26-1411296

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JACOBSON, RICHARD A  
501 E. KENNEDY BLVD., SUITE 1700  
TAMPA, FL 33602 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: MGR  
Name: EMERSON, TONY C MR  
Address: 180 BEACH DRIVE NE  
City-St-Zip: ST PETERSBURG, FL 33701

Title: MGR  
Name: SHELDON, ANDREW P MR  
Address: 180 BEACH DRIVE NE  
City-St-Zip: ST PETERSBURG, FL 33701

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: TONY EMERSON

MR

01/06/2010

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