

# 2010 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000001664

Entity Name: WC WELLNESS LLC

FILED  
May 01, 2010  
Secretary of State

## Current Principal Place of Business:

400 SOUTH DIXIE HIGHWAY  
SUITE 7  
HALLANDALE BEACH, FL 33009 US

## New Principal Place of Business:

600 SW 3RD STREET  
SUITE 2270  
POMPANO BEACH, FL 33060 US

## Current Mailing Address:

400 SOUTH DIXIE HIGHWAY  
SUITE 7  
HALLANDALE BEACH, FL 33009 US

## New Mailing Address:

600 SW 3RD STREET  
SUITE 2270  
POMPANO BEACH, FL 33060 US

FEI Number: 90-0341841      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

## Name and Address of Current Registered Agent:

STEWART AGENT SERVICES  
2199 PONCE DE LEON BLVD  
SUITE 301  
CORAL GABLES, FL 33134 US

## Name and Address of New Registered Agent:

DE TOURNILLON, PHILIP  
600 SW. 3RD STREET  
SUITE 2270  
POMPANO BEACH, FL 33060 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: PHILIP DE TOURNILLON

05/01/2010

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGRM  
Name: DE TOURNILLON, DENISE CANCHOL  
Address: 600 SW 3RD STREET SUITE 2270  
City-St-Zip: POMPANO BEACH, FL 33060 US

Title: MGRM  
Name: DE TOURNILLON, PHILIP JOSEPH  
Address: 600 SW 3RD STREET SUITE 2270  
City-St-Zip: POMPANO BEACH, FL 33060 US

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: PHILIP DE TOURNILLON

TREA

05/01/2010

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