

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000024218

FILED
Apr 16, 2009
Secretary of State

Entity Name: TRANSFORMATIONS HYPNOTHERAPY AND WELLNESS CENTER, L.L.C.

Current Principal Place of Business:

2622 N.W. 43RD STREET, STE. B-3
GAINESVILLE, FL 32606

New Principal Place of Business:

8744 S.R. 21
MELROSE, FL 32666

Current Mailing Address:

342 SE 35TH STREET
KEYSTONE HEIGHTS, FL 32656

New Mailing Address:

8744 S.R. 21
MELROSE, FL 32666

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

EVERETT, MARYANNE
342 SE 35TH STREET
KEYSTONE HEIGHTS, FL 32656 US

Name and Address of New Registered Agent:

EVERETT, MARYANNE
4485 S.E. 3RD PLACE
KEYSTONE HEIGHTS, FL 32656 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:

04/16/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: EVERETT, MARYANNE
Address: 342 SE 35TH STREET
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: EVERETT, MARYANNE
Address: 4485 S.E. 3RD PLACE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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: MARYANNE EVERETT

MGR

04/16/2009

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