2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 04, 2012
Secretary of State

DOCUMENT# L08000024218

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

Current Principal Place of Business:

8744 S.R. 21
MELROSE, FL 32666

New Principal Place of Business:

4051 N.W. 43RD ST.
SUITE. 33
GAINESVILLE, FL 32606

Current Mailing Address:

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

New Mailing Address:

4051 N.W. 43RD ST.
SUITE 33
GAINESVILLE, FL 32606

FEI Number: 26-2222449 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

EVERETT, MARYANNE
4485 S.E. 3RD PLACE
KEYSTONE HEIGHTS, FL 32656 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: EVERETT, MARYANNE
Address: 4485 S.E. 3RD PLACE
City-St-Zip: KEYSTONE HEIGHTS, FL 32656

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 Statues.

SIGNATURE: MARYANNE EVERETT MRS 01/04/2012

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