

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000027569

FILED
Mar 18, 2009
Secretary of State

Entity Name: VAIL WELLNESS INSTITUTE, LLC.

Current Principal Place of Business:

2541 W. MARYLAND AVE
TAMPA, FL 33629 US

New Principal Place of Business:

12521 BASSBROOK LANE
TAMPA, FL 33626 US

Current Mailing Address:

2541 W. MARYLAND AVE
TAMPA, FL 33629 US

New Mailing Address:

12521 BASSBROOK LANE
TAMPA, FL 33626 US

FEI Number: 26-2198848

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

VAIL, TARA
2541 W. MARYLAND AVE
TAMPA, FL 33629 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 () Delete
Name: VAIL, TARA
Address: 2541 W. MARYLAND AVE
City-St-Zip: TAMPA, FL 33629 US

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: TARA VAIL

MGRM

03/18/2009

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