

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000030775

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Entity Name:** ASAP WELLNESS PL

**Current Principal Place of Business:**

1845 JACLIF COURT  
TALLAHASSEE, FL 32308 US

**New Principal Place of Business:**

**Current Mailing Address:**

1845 JACLIF COURT  
TALLAHASSEE, FL 32308 US

**New Mailing Address:**

**FEI Number:** 26-3485132      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

UNITED STATES CORPORATION AGENTS, INC.  
13302 WINDING OAKS BLVD.  
SUITE A-100  
TAMPA, FL 33612 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  
**Name:** BURTOFT, JIM  
**Address:** 5625 COUNTRYSIDE DRIVE  
**City-St-Zip:** TALLAHASSEE, FL 32308

**Title:** MGRM  
**Name:** BURGIN, JIM  
**Address:** 473 BEECHWOOD DRIVE  
**City-St-Zip:** CRAWFORDVILLE, FL 32327

**Title:** MGRM  
**Name:** BURTOFT, JIM  
**Address:** 5625 COUNTYSIDE DR.  
**City-St-Zip:** TALLAHASSEE, FL 32308 US

**Title:** MGRM  
**Name:** BURGIN, JAMES  
**Address:** 473 BEECHWOOD DR.  
**City-St-Zip:** CRAWFORDVILLE, FL 32327 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:** JAMES B BURGIN

MGRM

02/23/2011

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