

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000031986

Entity Name: WESTHOM WELLNESS, LLC

FILED
Mar 12, 2009
Secretary of State

Current Principal Place of Business:

10345 SR 52
HUDSON, FL 34669 US

New Principal Place of Business:

Current Mailing Address:

10345 SR 52
HUDSON, FL 34669 US

New Mailing Address:

FEI Number: 26-2324815

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

WEST, JOYCE R
5275 KIRKWOOD AVE
SPRING HILL, FL 34608 US

Name and Address of New Registered Agent:

WEST, JOYCE R
10345 SR 52
HUDSON, FL 34669 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:

03/12/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: WEST, JOYCE R
Address: 5275 KIRKWOOD AVE
City-St-Zip: SPRING HILL, FL 34608 US

Title: MGRM () Delete
Name: THOMPSON, KERI
Address: 5275 KIRKWOOD AVE
City-St-Zip: SPRING HILL, FL 34608 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: WEST, JOYCE R
Address: 10345 SR 52
City-St-Zip: HUDSON, FL 34669 US

Title: MGRM (X) Change () Addition
Name: THOMPSON, KERI
Address: 10345 SR 52
City-St-Zip: HUDSON, FL 34669 US

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: KERI THOMPSON

MGRM

03/12/2009

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