

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000037049

Entity Name: WELLNESS & MOTION, LLC

**FILED**  
**Feb 24, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

1800 NORTH FEDERAL HIGHWAY  
SUITE 205  
POMPANO BEACH, FL 33154

**New Principal Place of Business:**

**Current Mailing Address:**

1800 NORTH FEDERAL HIGHWAY  
SUITE 205  
POMPANO BEACH, FL 33154

**New Mailing Address:**

FEI Number: 74-3258001

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

NAAR, SYLVAIN  
10101 COLLINS AVE  
APT. 20C  
BAL HARBOUR, FL 33154 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: NIRO-NAAR, ANNIE  
Address: 10101 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

Title: MGRM  
Name: NAAR, SYLVAIN  
Address: 10101 COLLINS AVE  
City-St-Zip: BAL HARBOUR, FL 33154

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: SYLVAIN NAAR

VP

02/24/2010

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