

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000051326

Entity Name: WELL LIFE CAFE, LLC

FILED
May 03, 2009
Secretary of State

Current Principal Place of Business:

218A E. EAU GALLIE BLVD.
178
INDIAN HARBOUR BEACH, FL 32937 US

New Principal Place of Business:

587 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

Current Mailing Address:

218A E. EAU GALLIE BLVD.
178
INDIAN HARBOUR BEACH, FL 32937 US

New Mailing Address:

587 W EAU GALLIE BLVD
MELBOURNE, FL 32935 US

FEI Number: 26-2075740 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

FLOREZ, ANNA M
5397 INDIGO CROSSING DR.
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

FLOREZ, ANNA M
247 SAND DOLLAR RD
INDIALANTIC, FL 32903 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: _____

05/03/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: FLOREZ, ANNA M
Address: 218A E. EAU GALLIE BLVD., #178
City-St-Zip: INDIAN HARBOUR BEACH, FL 32937 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLOREZ, ANNA M
Address: 247 SAND DOLLAR RD
City-St-Zip: INDIALANTIC, FL 32903 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: ANNA FLOREZ

MMBR

05/03/2009

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