

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000062067

FILED
Apr 29, 2009
Secretary of State

Entity Name: LIFESTYLE WELLNESS CENTER OF THE PALM BEACHES LLC

Current Principal Place of Business:

14434 PADDOCK DRIVE
WELLINGTON, FL 33414

New Principal Place of Business:

11903 SOUTHERN BLVD.
SUITE # 110
ROYAL PALM BEACH, FL 33411

Current Mailing Address:

14434 PADDOCK DRIVE
WELLINGTON, FL 33414

New Mailing Address:

FEI Number: 26-2876111 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

SKOLNICK, GRANT J ESQ.
13440 OLD ENGLISHTOWN ROAD
WELLINGTON, FL 33414 US

Name and Address of New Registered Agent:

SKOLNICK, GRANT J ESQ.
1066 S.W. 26TH AVE.
BOYNTON BEACH, FL 33426 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:

04/29/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SKOLNICK, ANDREW
Address: 14434 PADDOCK DRIVE
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: SHOLNICK, GRANT
Address: 13440 OLD ENGLISHTOWN ROAD
City-St-Zip: WELLINGTON, FL 33414

Title: MGRM () Delete
Name: ORENS, THURSA
Address: 14434 PADDOCK DRIVE
City-St-Zip: WELLINGTON, FL 33414

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: SHOLNICK, GRANT
Address: 1066 S. W. 26TH AVE.
City-St-Zip: BOYNTON BEACH, FL 33426

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: ANDREW SKOLNICK

MGRM

04/29/2009

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