# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**
**Apr 28, 2009**
**Secretary of State**

DOCUMENT# L08000079143

**Entity Name:** TRANSFORMATIONAL WELLNESS CENTER, LLC

**Current Principal Place of Business:**

6300 POWERS FERRY ROAD, STE. 600-300
ATLANTA, GA 30339

**New Principal Place of Business:**

1172 SOUTH DIXIE HIGHWAY
SUITE 202
CORAL GABLES, FL 33146

**Current Mailing Address:**

6300 POWERS FERRY ROAD, STE. 600-300
ATLANTA, GA 30339

**New Mailing Address:**

1172 SOUTH DIXIE HIGHWAY
SUITE 202
CORAL GABLES, FL 33146

**FEI Number: 26-4400602** **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

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

VASALLO, CHRISTOPHER D
12394 SW 82 AVENUE
PINECREST, FL 33156 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: MGR ( ) Delete
Name: SOUMAH, HAROUNA
Address: 6300 POWERS FERRY ROAD, STE. 600-300
City-St-Zip: ATLANTA, GA 30339

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition
Name: SOUMAH, HAROUNA
Address: 1172 SOUTH DIXIE HIGHWAY, SUITE 202
City-St-Zip: CORAL GABLES, FL 33146

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: HAROUNA SOUMAH MGR 04/28/2009

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