

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080639

FILED  
Apr 08, 2009  
Secretary of State

Entity Name: THE WELLNESS SOURCE LLC

## Current Principal Place of Business:

600 N. HIATUS ROAD  
201  
PEMBROKE PINES, FL 33026

## New Principal Place of Business:

## Current Mailing Address:

600 N. HIATUS ROAD  
201  
PEMBROKE PINES, FL 33026

## New Mailing Address:

FEI Number: 26-3222461

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

ROBBINS, DAVID A DR.  
600 N. HIATUS ROAD  
201  
PEMBROKE PINES, FL 33026 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 ( ) Delete  
Name: PFEIFFER, LILLIAN  
Address: 600 N. HIATUS ROAD, SUITE 201  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete  
Name: LEITNER, SUZANNE  
Address: 600 N. HIATUS ROAD, SUITE 201  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGR ( ) Delete  
Name: ROBBINS, DAVID A  
Address: 600 N. HIATUS ROAD, SUITE 201  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete  
Name: VENTURA, NORA E  
Address: 600 N. HIATUS ROAD, SUITE 201  
City-St-Zip: PEMBROKE PINES, FL 33026

Title: MGRM ( ) Delete  
Name: BAEZ, SAYONARA DR  
Address: 600 N. HIATUS ROAD, SUITE 201  
City-St-Zip: PEMBROKE PINES, FL 33026

## ADDITIONS/CHANGES:

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

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

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

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

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: DAVID A ROBBINS

MGR

04/08/2009

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