

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000088382

Entity Name: LIFESTYLE WELLNESS, LLC

FILED  
Jan 09, 2009  
Secretary of State

**Current Principal Place of Business:**

3606 NW 24TH BLVD. #306  
GAINESVILLE, FL 32605

**New Principal Place of Business:**

519 NW 60TH STREET  
SUITE E  
GAINESVILLE, FL 32607

**Current Mailing Address:**

3606 NW 24TH BLVD. #306  
GAINESVILLE, FL 32605

**New Mailing Address:**

3606 NW 24TH BLVD.  
APT. #306  
GAINESVILLE, FL 32605

FEI Number: 26-3354157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LAURA J. ACOSTA, MS, RD, LD/N  
3606 NW 24TH BLVD. #306  
GAINESVILLE, FL 32605 US

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

ACOSTA, LAURA J MS, RD  
3606 NW 24TH BLVD. #306  
GAINESVILLE, FL 32605 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: LAURA J. ACOSTA, MS, RD, LD/N

01/09/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGR ( ) Delete  
Name: LAURA J. ACOSTA, MS., RD, LD/N  
Address: 3606 NW 24TH BLVD. #306  
City-St-Zip: GAINESVILLE, FL 32605

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: ACOSTA, LAURA J MS, RD  
Address: 3606 NW 24TH BLVD. #306  
City-St-Zip: GAINESVILLE, FL 32605

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: LAURA J. ACOSTA, MS, RD, LD/N

MGR

01/09/2009

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