

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000088382

Entity Name: LIFESTYLE WELLNESS, LLC

**FILED**  
**Jan 06, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

519 NW 60TH STREET  
SUITE E  
GAINESVILLE, FL 32607

## **New Principal Place of Business:**

519 NW 60TH STREET  
SUITES D & E  
GAINESVILLE, FL 32607

## **Current Mailing Address:**

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

## **New Mailing Address:**

FEI Number: 26-3354157

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

ACOSTA, LAURA J MS, RD  
3606 NW 24TH BLVD. #306  
GAINESVILLE, FL 32605 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  
Name: ACOSTA, LAURA J MS, RD  
Address: 3606 NW 24TH BLVD. #306  
City-St-Zip: GAINESVILLE, FL 32605

I hereby 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

MGR

01/06/2011

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