

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000100660

**FILED**  
**Jan 20, 2010**  
**Secretary of State**

**Entity Name:** ABSOLUTE WELLNESS CENTER, L.L.C.

**Current Principal Place of Business:**

641 WEST LUMDEN ROAD  
BRANDON, FL 33511

**New Principal Place of Business:**

**Current Mailing Address:**

641 WEST LUMDEN ROAD  
BRANDON, FL 33511

**New Mailing Address:**

**FEI Number:**

**FEI Number Applied For (X)**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KEVAN D. KRUSE, P.A.  
641 WEST LUMDEN ROAD  
BRANDON, FL 33511 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: KRUSE, KEVAN D  
Address: 641 WEST LUMDEN ROAD  
City-St-Zip: BRANDON, FL 33511

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: KEVAN KRUSE

DR.

01/20/2010

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