

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000011235

**Entity Name:** LIFE'S JOURNEY WELLNESS, LLC

**FILED**  
**Apr 01, 2010**  
**Secretary of State**

**Current Principal Place of Business:**

2151 LOCH RANE BOULEVARD  
SUITE #3  
ORANGE PARK, FL 32073 US

**New Principal Place of Business:**

**Current Mailing Address:**

2151 LOCH RANE BOULEVARD  
SUITE #3  
ORANGE PARK, FL 32073 US

**New Mailing Address:**

**FEI Number:** 26-4187829

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

COOKE, HAMILTON  
501 RIVERSIDE AVENUE  
SUITE 903  
JACKSONVILLE, FL 32202 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  
Name: HARGNETT, KIMBERLI D  
Address: 691 CHERRY GROVE  
City-St-Zip: ORANGE PARK, FL 32073 US

Title: MGRM  
Name: HARGNETT, KEVIN  
Address: 691 CHERRY GROVE  
City-St-Zip: ORANGE PARK, FL 32073 US

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: KEVIN HARGNETT

MGRM

04/01/2010

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