

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000030023

Entity Name: WHOLIFE INTERNATIONAL, LLC

**FILED**  
**Feb 23, 2011**  
**Secretary of State**

**Current Principal Place of Business:**

924 WEST PENSACOLA STREET - A22  
TALLAHASSEE, FL 32304

**New Principal Place of Business:**

2801 CHANCELLORSVILLE DRIVE  
TALLAHASSEE, FL 32312

**Current Mailing Address:**

924 WEST PENSACOLA STREET - A22  
TALLAHASSEE, FL 32304

**New Mailing Address:**

2801 CHANCELLORSVILLE DRIVE  
UNIT 936  
TALLAHASSEE, FL 32312

FEI Number: 30-0544640

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired (X)

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

BROWN-POTTER, MONIQUE R  
39 STARLING TRACE  
CRAWFORDVILLE, FL 32327 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: FARMER, TAMMYE E  
Address: 2801 CHANCELLORSVILLE DRIVE  
City-St-Zip: TALLAHASSEE, FL 32312

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: TAMMYE E. FARMER

MGR

02/23/2011

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