

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000044159

FILED
Jan 04, 2011
Secretary of State

Entity Name: THE WOUND CARE STORE, LLC

Current Principal Place of Business:

1950 ROCKLEDGE BLVD
109
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

Current Mailing Address:

1950 ROCKLEDGE BLVD
109
ROCKLEDGE, FL 32955 US

New Mailing Address:

FEI Number: 32-0283168

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SIMONSON, DAVID A PRES
1950 ROCKLEDGE BLVD.
109
ROCKLEDGE, FL 32955 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: SIMONSON, DAVID A
Address: 1950 ROCKLEDGE BLVD
City-St-Zip: ROCKLEDGE, FL 32955 US

Title: MGR
Name: SIMONSON, FAINA
Address: 1950 ROCKLEDGE BLVD, SUITE 107
City-St-Zip: ROCKLEDGE, FL 32955 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: FAINA SIMONSON

MGR

01/04/2011

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