

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000064637

FILED
Feb 16, 2011
Secretary of State

Entity Name: WELLNESS INITIATIVES, LLC

Current Principal Place of Business:

1923 NW 23RD BLVD
APT 213
GAINESVILLE, FL 32605 US

New Principal Place of Business:

Current Mailing Address:

1923 NW 23RD BLVD
APT 213
GAINESVILLE, FL 32605 US

New Mailing Address:

FEI Number: **FEI Number Applied For ()** **FEI Number Not Applicable (X)** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

HAND, KIMBERLY A
1923 NW 23RD BLVD
APT 213
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: MGRM
Name: HAND, KIMBERLY A
Address: 1923 NW 23RD BLVD
City-St-Zip: GAINESVILLE, FL 32605 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: KIMBERLY HAND

MGR

02/16/2011

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