

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000074306

Entity Name: MASAI WELLNESS LLC

**FILED**  
**Jan 04, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

3412 W. GABLES CT.  
TAMPA, FL 33609 US

## **New Principal Place of Business:**

2021 N LEMANS BLVD  
5205  
TAMPA, FL 33607 US

## **Current Mailing Address:**

3412 W. GABLES CT.  
TAMPA, FL 33609 US

## **New Mailing Address:**

2021 N LEMANS BLVD  
5205  
TAMPA, FL 33607 US

FEI Number: 27-0675169

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

SAI, THEOPHILUS  
3412 W. GABLES CT.  
TAMPA, FL 33609 US

## **Name and Address of New Registered Agent:**

SAI, THEOPHILUS  
2021 N LEMANS BLVD  
5205  
TAMPA, FL 33607 US

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: THEOPHILUS SAI

01/04/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: MASAI INVESTMENTS LLC  
Address: 2021 N LEMANS BLVD UNIT 5205  
City-St-Zip: TAMPA, FL 33607 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: THEOPHILUS SAI

MGRM

01/04/2012

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