

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000103383

FILED
Feb 19, 2011
Secretary of State

Entity Name: CORPORATE BENEFITS WELLNESS, LLC

Current Principal Place of Business:

6549 1ST AVENUE SOUTH
ST. PETERSBURG, FL 337071303 US

New Principal Place of Business:

Current Mailing Address:

PO BOX 48037
ST. PETERSBURG, FL 337438037 US

New Mailing Address:

FEI Number: 27-1186241

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MARRULLIER, ALAN H
501 MANDALAY AVE
SUITE 706
CLEARWATER BEACH, FL 33767 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: MARSHALL-PFEFFER, MARSHA
Address: 6549 1ST AVE SOUTH
City-St-Zip: ST. PETERSBURG, FL 337071303 US

Title: MGRM
Name: CONTROLCAPITAL GROUP, LLC
Address: 501 MANDALAY AVE, UNIT 706
City-St-Zip: CLEARWATER BEACH, FL 33767 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: ALAN MARRULLIER

MGRM

02/19/2011

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