

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000104066

**FILED
Apr 07, 2011
Secretary of State**

Entity Name: WHOLE HEALTH YOGA THERAPY, LLC

Current Principal Place of Business:

524 W THARPE ST
32
TALLAHASSEE, FL 32303

New Principal Place of Business:

Current Mailing Address:

524 W THARPE ST
32
TALLAHASSEE, FL 32303

New Mailing Address:

FEI Number: 27-1301169 **FEI Number Applied For ()** **FEI Number Not Applicable ()** **Certificate of Status Desired ()**

Name and Address of Current Registered Agent:

ABBOTT, STACEY
524 W THARPE ST
32
TALLAHASSEE, FL 32303 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: ABBOTT, STACEY
Address: 524 W THARPE ST - # 32
City-St-Zip: TALLAHASSEE, FL 32303

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: STACEY M. ABBOTT MS. 04/07/2011

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