

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000104066

**FILED**  
**Apr 30, 2012**  
**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:**

196 PARKBROOK CIRCLE  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

524 W THARPE ST  
# 32  
TALLAHASSEE, FL 32303

**New Mailing Address:**

196 PARKBROOK CIRCLE  
TALLAHASSEE, FL 32301

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:**

ABBOTT, STACEY  
196 PARKBROOK CIRCLE  
TALLAHASSEE, FL 32301 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: STACEY M. ABBOTT

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ABBOTT, STACEY  
Address: 196 PARKBROOK CIRCLE  
City-St-Zip: TALLAHASSEE, FL 32301

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

MGRM

04/30/2012

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