

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000104855

FILED  
Mar 30, 2011  
Secretary of State

**Entity Name:** INSTITUTE OF WELLBEING LLC

**Current Principal Place of Business:**

2924 TUCKERSTOWN DRIVE  
SARASOTA, FL 34231 US

**New Principal Place of Business:**

**Current Mailing Address:**

2924 TUCKERSTOWN DRIVE  
SARASOTA, FL 34231 US

**New Mailing Address:**

2050 PROCTOR ROAD  
SUITE F  
SARASOTA, FL 34231 US

FEI Number: 27-1225473

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

JOHANNSMIEIER, BJOERN  
2924 TUCKERSTOWN DRIVE  
SARASOTA, FL 34231 US

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

KNUTH, ROBIN  
2050 PROCTOR ROAD  
SUITE F  
SARASOTA, FL 34231 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: ROBIN KNUTH

03/30/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: JOHANNSMIEIER, BJOERN MGRM  
Address: 1819 MAIN STREET # 108  
City-St-Zip: SARASOTA, FL 34236 US

Title: MGRM  
Name: JOHANNSMIEIER, HEIKE MGRM  
Address: MITTERWEG 4  
City-St-Zip: RAUBLING, GERMANY, BY 83064 GE

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: BJOERN JOHANNSMIEIER

MGRM

03/30/2011

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