

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000015601

FILED
Apr 13, 2011
Secretary of State

Entity Name: INSTITUTE OF LIFE AND WELLNESS, LLC

Current Principal Place of Business:

1683 CAMPBELL STREET
NORTH PORT, FL 34288 US

New Principal Place of Business:

Current Mailing Address:

1683 CAMPBELL STREET
NORTH PORT, FL 34288 US

New Mailing Address:

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NELSON, TIESHA S PSY.D.
1683 CAMPBELL STREET
NORTH PORT, FL 34288 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: MGR
Name: NELSON, TIESHA S PSY.D.
Address: 1683 CAMPBELL STREET
City-St-Zip: NORTH PORT, FL 34288 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: TIESHA NELSON

MGR

04/13/2011

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