

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000020741

Entity Name: HOMELAND WELLNESS, LLC

FILED
Jan 25, 2011
Secretary of State

Current Principal Place of Business:

6601 MEMORIAL HWY., STE 219
TAMPA, FL 336154501

New Principal Place of Business:

Current Mailing Address:

6601 MEMORIAL HWY., STE 219
TAMPA, FL 336154501

New Mailing Address:

FEI Number: 27-1968545

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

GRAY, SHARON M
11203 CLAYRIDGE DRIVE
TAMPA, FL 33635 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: GRAY, SHARON M
Address: 11203 CLAYRIDGE DRIVE
City-St-Zip: TAMPA, FL 33635

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: SHARON M GRAY

MGRM

01/25/2011

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