

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000020741

FILED
Apr 12, 2012
Secretary of State

Entity Name: HOMELAND WELLNESS, LLC

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

MM

04/12/2012

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