

# 2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000036325

Entity Name: J W WELLNESS L.L.C.

FILED  
Mar 25, 2011  
Secretary of State

**Current Principal Place of Business:**

2630 W WATERS AVE  
TAMPA, FL 33614

**New Principal Place of Business:**

233 W WATERS AVE  
TAMPA, FL 33604

**Current Mailing Address:**

2630 W WATERS AVE  
TAMPA, FL 33614

**New Mailing Address:**

233 W WATERS AVE  
TAMPA, FL 33604

FEI Number: 27-2273938

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

LEATH, WADE A  
2075 N. HIGHLAND AVE  
APT D-11  
CLEARWATER, FL 33755 US

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

LEATH, WADE  
3402 EISENHOWER DR  
HOLIDAY, FL 34691 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: WADE LEATH

03/25/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: WILCOX, ROBERT N MD  
Address: 233 W WATERS AVE  
City-St-Zip: TAMPA, FL 33604

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: ROBRET WILCOX

MGRM

03/25/2011

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