

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000052371

Entity Name: WELLECLIPSE, LLC

**FILED**  
**Apr 29, 2011**  
**Secretary of State**

## **Current Principal Place of Business:**

1801 SOUTH FEDERAL HWY  
SUITE 300  
DELRAY BEACH, FL 33483

## **New Principal Place of Business:**

55 NE 5TH AVENUE  
2ND FLOOR  
DELRAY BEACH, FL 33483

## **Current Mailing Address:**

1801 SOUTH FEDERAL HWY  
SUITE 300  
DELRAY BEACH, FL 33483

## **New Mailing Address:**

55 NE 5TH AVENUE  
2ND FLOOR  
DELRAY BEACH, FL 33483

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAUL ROGERS KENNEDY PA  
1801 SOUTH FEDERAL HWY  
SUITE 300  
DELRAY BEACH, FL 33483 US

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

PAUL ROGERS KENNEDY PA  
55 NE 5TH AVENUE  
2ND FLOOR  
DELRAY BEACH, FL 33483 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: PAUL ROGERS KENNEDY

04/29/2011

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: KENNEDY, PAUL R ESQ  
Address: 55 NE 5TH AVENUE, 2ND FLOOR  
City-St-Zip: DELRAY BEACH, FL 33483

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: PAUL R KENNEDY

MGR

04/29/2011

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