2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2011
Secretary of State

DOCUMENT# L10000077679

Entity Name: WINDHORSE WELLNESS, LLC

Current Principal Place of Business:

2911 RULEME STREET
SUITE 7
EUSTIS, FL 32726

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 1758
MOUNT DORA, FL 32756

New Mailing Address:

FEI Number: 27-4640131 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CHIODI, ALBERT M
2911 RULEME STREET
SUITE 7
EUSTIS, FL 32726 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: CHIODI, ALBERT M
Address: 2911 RULEME STREET
City-St-Zip: EUSTIS, FL 32726

Title: MGRM
Name: CHIODI, GALE G
Address: 2911 RULEME STREET
City-St-Zip: EUSTIS, FL 32726

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 Statues.

SIGNATURE: ALBERT M. CHIODI MGR 04/13/2011

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