

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000081358

Entity Name: BLUE SKIES WELLNESS LLC

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

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

C/O ELIZABETH ANN THOMPSON  
1112 7TH STREET  
LAKE PARK, FL 334032511

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

C/O MICHAEL A. GOELZ  
11431 81 COURT NORTH  
WEST PALM BEACH, FL 33412

## **Current Mailing Address:**

C/O ELIZABETH ANN THOMPSON  
1112 7TH STREET  
LAKE PARK, FL 334032511

## **New Mailing Address:**

C/O MICHAEL GOELZ  
11431 81 COURT NORTH  
WEST PALM BEACH, FL 33412

FEI Number:

FEI Number Applied For (X)

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

PAXMAN, JOHN T ESQ.  
1832 NORTH DIXIE HIGHWAY  
LAKE WORTH, FL 33460 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: GOELZ, MICHAEL A  
Address: 11431 81 COURT NORTH  
City-St-Zip: WEST PALM BEACH, FL 33412

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: MICHAEL A. GOELZ

MGM

03/29/2011

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