

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000082623

Entity Name: TRASCO WELLNESS LLC

**FILED**  
**Jan 06, 2012**  
**Secretary of State**

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

1463 OAKFIELD DR., SUITE 104  
BRANDON, FL 33511

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

1463 OAKFIELD DRIVE  
SUITE 104  
BRANDON, FL 33511 UN

## **Current Mailing Address:**

1463 OAKFIELD DR., SUITE 104  
BRANDON, FL 33511

## **New Mailing Address:**

1463 OAKFIELD DRIVE  
SUITE 104  
BRANDON, FL 33511 UN

FEI Number: 27-3181506

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CROSS STREET CORPORATE SERVICES, LLC  
200 ORANGE AVENUE, SARASOTA, FL 34236  
BRANDON, FL 33511 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: ELLIOTT, SCOTT  
Address: 1463 OAKFIELD DR., SUITE 104  
City-St-Zip: BRANDON, FL 33511

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: SCOTT ELLIOTT

MGRM

01/06/2012

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