

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123542

FILED
Apr 27, 2011
Secretary of State

Entity Name: ONE TRIBE WELLNESS DISTRIBUTION, LLC

Current Principal Place of Business:

105 MITNIK DRIVE
DELTONA, FL 32738

New Principal Place of Business:

Current Mailing Address:

105 MITNIK DRIVE
DELTONA, FL 32738

New Mailing Address:

FEI Number: 27-4123999

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

POPPER, DAVID H
931 VERSAILLES CIRCLE
MAITLAND, FL 32751 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: MGMR
Name: REIS-MILLER, REBECCA A
Address: 4267 E. MICHIGAN STREET
City-St-Zip: ORLANDO, FL 32812 US

Title: MGMR
Name: WAXMAN-LOYD, JENNIFER P
Address: 105 MITNIK DRIVE
City-St-Zip: DELTONA, FL 32738 US

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: REBECCA REIS-MILLER

MGMR

04/27/2011

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