

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000003499

Entity Name: STALNAKER WELLNESS, LLC

**FILED**  
**Apr 10, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

1127 HIDDEN COVE CIRCLE SOUTH  
ATLANTIC BEACH, FL 32233

**New Principal Place of Business:**

**Current Mailing Address:**

1127 HIDDEN COVE CIRCLE SOUTH  
ATLANTIC BEACH, FL 32233

**New Mailing Address:**

FEI Number: 27-4519361

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

STALNAKER, ZACHARY W  
1127 HIDDEN COVE CIRCLE SOUTH  
ATLANTIC BEACH, FL 32233 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: MGR  
Name: STALNAKER, ZACHARY W  
Address: 1127 HIDDEN COVE CIRCLE SOUTH  
City-St-Zip: ATLANTIC BEACH, FL 32233

Title: MGRM  
Name: STALNAKER, JESSICA L  
Address: 1127 HIDDEN COVE CIRCLE SOUTH  
City-St-Zip: ATLANTIC BEACH, FL 32233

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: ZACHARY STALNAKER

MGR

04/10/2012

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