

2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000045491

FILED
Feb 06, 2012
Secretary of State

Entity Name: HEALTH & WELLNESS INSTITUTE, LLC

Current Principal Place of Business:

7890 PETERS ROAD
G109
PLANTATION, FL 33324 US

New Principal Place of Business:

8040 PETERS ROAD
H-104
PLANTATION, FL 33324 US

Current Mailing Address:

7890 PETERS ROAD
G109
PLANTATION, FL 33324 US

New Mailing Address:

8040 PETERS ROAD
H-104
PLANTATION, FL 33324 US

FEI Number: 45-1734509

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

REED, TIMOTHY P SR.
7890 PETERS ROAD
G109
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

REED, TIMOTHY P SR.
8040 PETERS ROAD
H-104
PLANTATION, FL 33324 US

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: _____

02/06/2012

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM
Name: REED, TIMOTHY P SR.
Address: 3147 PEACHTREE WAY
City-St-Zip: DAVIE, FL 33328 US

Title: MGR
Name: REED, STACY D
Address: 3147 PEACHTREE WAY
City-St-Zip: DAVIE, FL 33328 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: TIMOTHY REED

MGRM

02/06/2012

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