

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000054936

Entity Name: WELLNESSBYAPRIL, LLC

**FILED**  
**Apr 30, 2012**  
**Secretary of State**

**Current Principal Place of Business:**

11315 EMERSON LAKE DR  
RIVERVIEW, FL 33578

**New Principal Place of Business:**

3012 MAGNOLIA MEADOWS DRIVE  
PLANT CITY, FL 33567

**Current Mailing Address:**

11315 EMERSON LAKE DR  
RIVERVIEW, FL 33578

**New Mailing Address:**

3012 MAGNOLIA MEADOWS DRIVE  
PLANT CITY, FL 33567

FEI Number: 45-2490992

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

POTTER, TODD S  
11315 EMERSON LAKE DR  
RIVERVIEW, FL 33578 US

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

POTTER, APRIL C  
3012 MAGNOLIA MEADOWS DR  
PLANT CITY, FL 33567 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: APRIL C POTTER

04/30/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: POTTER, APRIL C  
Address: 3012 MAGNOLIA MEADOWS DR  
City-St-Zip: PLANT CITY, FL 33567

Title: MGR  
Name: DAVIS, NATHAN E  
Address: 3012 MAGNOLIA MEADOWS DR  
City-St-Zip: PLANT CITY, FL 33567

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: NATHAN E DAVIS

MGR

04/30/2012

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