

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000060564

**FILED**  
**Mar 02, 2012**  
**Secretary of State**

**Entity Name:** SARASOTA WELLNESS AND WEIGHT MANAGEMENT, LLC

**Current Principal Place of Business:**

8368 CANARY PALM CT  
SARASOTA, FL 34238 US

**New Principal Place of Business:**

8588 POTTER PARK DR.  
201  
SARASOTA, FL 34238 US

**Current Mailing Address:**

8368 CANARY PALM CT  
SARASOTA, FL 34238 US

**New Mailing Address:**

**FEI Number:** 45-2384188      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

THACKER, CLIFFORD  
8368 CANARY PALM CT  
SARASOTA, FL 34238 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:** THACKER, ANNIE  
**Address:** 8368 CANARY PALM CT  
**City-St-Zip:** SARASOTA, FL 34238 US

**Title:** MGRM  
**Name:** THACKER, CLIFFORD  
**Address:** 8368 CANARY PALM CT  
**City-St-Zip:** SARASOTA, FL 34238 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:** CLIFFORD L. THACKER

OWNE

03/02/2012

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