

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000067135

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

**Entity Name:** EXPERT DISTRIBUTION GROUP, LLC

**Current Principal Place of Business:**

2141 LOGAN STREET  
CLEARWATER, FL 33765 US

**New Principal Place of Business:**

**Current Mailing Address:**

611 S. FORT HARRISON AVE.  
231  
BELLEAIR, FL 33756 US

**New Mailing Address:**

**FEI Number:** 45-2485687

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

INCORP SERVICES, INC.  
17888 67TH COURT NORTH  
LOXAHATCHEE, FL 33470 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:** EATON-CARDONE, MONICA  
**Address:** 611 S. FORT HARRISON AVENUE  
**City-St-Zip:** BELLEAIR, FL 33756

**Title:** MGR  
**Name:** THE INSTITUTE FOR HEALTH & WELLNESS LLC  
**Address:** 400 CLEVELAND STREET, STE. 800  
**City-St-Zip:** CLEARWATER, FL 33755

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: MONICA EATON-CARDONE

MGR

01/10/2012

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