

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000080011

**FILED**  
**Aug 28, 2012**  
**Secretary of State**

**Entity Name:** NUDEL FENTON WELLNESS NO. 1, LLC,

**Current Principal Place of Business:**

9031 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33480 US

**New Principal Place of Business:**

9031 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410 US

**Current Mailing Address:**

9031 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33480 US

**New Mailing Address:**

9031 NORTH MILITARY TRAIL  
PALM BEACH GARDENS, FL 33410 US

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

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

GOTTLIEB, FREDRIC I ESQUIRE  
7251 WEST PALMETTO PARK BOULEVARD  
SUITE 207 B  
BOCA RATON, FL 33433 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:** MGMR  
**Name:** NUDEL, MARC  
**Address:** 9031 NORTH MILITARY TRAIL  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 US

**Title:** MGMR  
**Name:** FENTON, KIRA  
**Address:** 9031 NORTH MILITARY TRAIL  
**City-St-Zip:** PALM BEACH GARDENS, FL 33410 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:** MARC NUDEL

MGMR

08/28/2012

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