

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000138569

**FILED**  
**Apr 20, 2012**  
**Secretary of State**

**Entity Name:** AER WELLNESS CONCEPTS, LLC

**Current Principal Place of Business:**

420 CORTLAND AVENUE  
WINTER PARK, FL 32789 US

**New Principal Place of Business:**

155 CRANES ROOST BLVD  
2020  
ALTAMONTE SPRINGS, FL 32701 US

**Current Mailing Address:**

420 CORTLAND AVENUE  
WINTER PARK, FL 32789 US

**New Mailing Address:**

155 CRANES ROOST BLVD  
2020  
ALTAMONTE SPRINGS, FL 32701 US

**FEI Number:** 45-4773183

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

RAHILL, AMY E  
420 CORTLAND AVENUE  
WINTER PARK, FL 32789 US

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

RAHILL, AMY E  
155 SOUTH COURT AVE  
1202  
ORLANDO, FL 32801 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: AMY RAHILL

04/20/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: RAHILL, AMY E  
Address: 155 SOUTH COURT AVE  
City-St-Zip: ORLANDO, FL 32801 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: AMY RAHILL

PRES

04/20/2012

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