

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 23, 2003 8:00 am
Secretary of State

09-23-2003 90023 027 ****50.00

DOCUMENT # L99000000121

1. Entity Name

NETWORK WELLNESS SYSTEMS, L.C.



Principal Place of Business

**6320 N.W. 42ND WAY
BOCA RATON FL 33496**

Mailing Address

**6320 N.W. 42ND WAY
BOCA RATON FL 33496**

2. Principal Place of Business

3. Mailing Address

410 Hinden + Sievers, LLP

Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite 3115 350 Fifth Ave

City & State

City & State

New York, NY

Zip

Country

Zip

Country

10118

USA

4. FEI Number

65-0888460

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**STEINER, ROBERT
6320 N.W. 42ND WAY
BOCA RATON FL 33496**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINER, ROBERT 6320 N.W. 42ND WAY BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM STEINER, DIANE 6320 N.W. 42ND WAY BOCA RATON FL 33496	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

[Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

9/18/03 212 371 4496

CR2E083 (10/02)

attachment

HINDEN & SIEVERS, LLP
CERTIFIED PUBLIC ACCOUNTANTS

90158172
#199000000121

350 FIFTH AVENUE
NEW YORK, N.Y. 10118
TEL (212) 947-2095
FAX (212) 947-2528

September 16, 2003

Division of Corporations
P.O.-Box 1500
Tallahassee, FL 32302-1500

Re. Network Wellness Systems, LLC
65-0888460

Dear Sirs,

Please excuse the late filing of the enclosed document. The taxpayer gave me the attached forms along with a lot of personal tax documents for filing of his personal income tax returns. The taxpayer files jointly with his wife, a New York resident, and was required to file an extension request because of a missing K-1 from the wife's business. I did not need to review any of his documents when I prepared the extension requests so I only recently discovered my error.

Please do not penalize the taxpayer for my inadvertent oversight as he took all reasonable steps to comply on a timely basis.

Respectfully submitted,



Paul Sievers

PS/mt

Enclosure