

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M08000000978

FILED
Apr 05, 2009
Secretary of State

Entity Name: MY WELLNESS EVOLUTIONS, LLC

Current Principal Place of Business:

2755 BLOWING BREEZE WAY
ORLANDO, FL 32820

New Principal Place of Business:

821 BIGHORN ST.
OVIEDO, FL 32765

Current Mailing Address:

2755 BLOWING BREEZE WAY
ORLANDO, FL 32820

New Mailing Address:

821 BIGHORN ST.
OVIEDO, FL 32765

FEI Number: 90-0403938

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RACKLEY, TROY
2755 BLOWING BREEZE WAY
ORLANDO, FL 32820 US

Name and Address of New Registered Agent:

RACKLEY, CHRISTINE
821 BIGHORN ST
OVIEDO, FL 32765 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: CHRISTINE RACKLEY

04/05/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: RACKLEY, CHRISTINE
Address: 2755 BLOWING BREEZE WAY
City-St-Zip: ORLANDO, FL 32820

Title: MGR () Delete
Name: RACKLEY, TROY
Address: 2755 BLOWING BREEZE WAY
City-St-Zip: ORLANDO, FL 32820

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: RACKLEY, CHRISTINE
Address: 821 BIGHORN ST
City-St-Zip: OVIEDO, FL 32765

Title: MGR (X) Change () Addition
Name: RACKLEY, TROY
Address: 821 BIGHORN ST
City-St-Zip: OVIEDO, FL 32765

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: TROY RACKLEY

MGR

04/05/2009

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