

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000082532

Entity Name: IN WELLNESS SYSTEMS, LLC

Current Principal Place of Business:

5664 MARQUESAS CIRCLE
SARASOTA, FL 34233

Current Mailing Address:

5664 MARQUESAS CIRCLE
SARASOTA, FL 34233

FEI Number: 20-1863500

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, CRAIG L
5664 MARQUESAS CIRCLE
SARASOTA, FL 34233 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title MGRM
Name SMITH, JESSICA R
Address 5664 MARQUESAS CIRCLE
City-State-Zip: SARASOTA FL 34233

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JESSICA R SMITH

MANAGING DIRECTOR

01/06/2015

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date