

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000082532

**Entity Name:** IN WELLNESS SYSTEMS, LLC

**Current Principal Place of Business:**

4615 STONE RIDGE TRAIL  
SARASOTA, FL 34232

**Current Mailing Address:**

4615 STONE RIDGE TRAIL  
SARASOTA, FL 34232 US

**FEI Number:** 20-1863500

**Certificate of Status Desired:** No

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

GOMEZ, JESSICA R  
4615 STONE RIDGE TRAIL  
SARASOTA, FL 34232 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:** JESSICA R GOMEZ

02/10/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, ASST. SECRETARY,  
                      TREASURER, MANAGER  
Name            GOMEZ, JESSICA R  
Address         4615 STONE RIDGE TRAIL  
City-State-Zip: SARASOTA FL 34232

Title            VP, SECRETARY, ASST. TREASURER,  
                      MANAGER  
Name            GOMEZ, GUILLERMO J  
Address         4615 STONE RIDGE TRAIL  
City-State-Zip: SARASOTA FL 34232

*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 GOMEZ

**OWNER**

02/10/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date