

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000105671

Entity Name: INSPIRING WELLNESS LLC

Current Principal Place of Business:

665 SOUTH ORANGE AVENUE
SUITE 7
SARASOTA, FL 34236

Current Mailing Address:

665 SOUTH ORANGE AVENUE
SUITE 7
SARASOTA, FL 34236 US

FEI Number: 27-3193797

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEPT. AGRICULTURE & CONSUMER SERVICES
407 SOUTH CALHOUN STREET
FINANCE & ACCOUNTING SECTION
TALLAHASSEE, FL 32301 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 HORLER, MARK D
Address 665 S. ORANGE AVENUE SUITE 7
City-State-Zip: SARASOTA FL 34236

Title CEO, AUTHORIZED MEMBER
Name HORLER, KRISTEN
Address 665 SOUTH ORANGE AVENUE
SUITE 7
City-State-Zip: SARASOTA FL 34236

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: MARK HORLER

COO

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date