

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L06000104885

**FILED**  
**Mar 11, 2017**  
**Secretary of State**  
**CC0226673410**

**Entity Name:** PRECISION WELLNESS, LLC

**Current Principal Place of Business:**

2910 S. MAGUIRE ROAD  
SUITE 1007  
OCOEE, FL 34761

**Current Mailing Address:**

2910 S. MAGUIRE ROAD  
SUITE 1007  
OCOEE, FL 34761

**FEI Number:** 20-5785047

**Certificate of Status Desired:** No

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

ACIOLI, LEONARDO R  
2910 S. MAGUIRE ROAD  
SUITE 1007  
OCOEE, FL 34761 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 MGR  
Name ACIOLI, LEONARDO R  
Address 2644 SLAGROVE COURT  
City-State-Zip: WINTER FL 34787

Title MGR  
Name ACIOLI, SARA N  
Address 2644 SLAGROVE COURT  
City-State-Zip: WINTER GARDEN FL 34787

*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:** SARA ACIOLI

**MGR**

**03/11/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date