

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000104885

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, LEO
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: LEO ACIOLI

04/04/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name ACIOLI, LEO
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: LEO ACIOLI

MANAGER

04/04/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date