

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000046989

Entity Name: WELLNESS FINANCIAL, LLC

Current Principal Place of Business:

2021 NORTH LEMANS BLVD
#5105
TAMPA, FL 33607

Current Mailing Address:

2021 NORTH LEMANS BLVD
#5105
TAMPA, FL 33607 US

FEI Number: 26-2593630

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCFARLANE, MISTY J
2021 NORTH LEMANS BLVD
#5105
TAMPA, FL 33607 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 MCFARLANE, MISTY J
Address 2021 NORTH LEMANS BLVD
#5105
City-State-Zip: TAMPA FL 33607

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: MISTY MCFARLANE

MGRM

04/30/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date