

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000100928

**Entity Name:** A PATH TO WELLNESS LLC

**Current Principal Place of Business:**

7901 4TH. ST. N.  
SUITE 312  
ST PETERSBURG, FL 33702

**Current Mailing Address:**

7901 4TH ST N  
SUITE 312  
ST PETERSBURG, FL 33702 US

**FEI Number:** 27-1148556

**Certificate of Status Desired:** No

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

JACKSON, CHRISTOPHER  
6822 22ND AVE N  
111  
ST PETERSBURG, FL 33710 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           DIRECTOR  
Name           JACKSON, CHRISTOPHER  
Address        6822 22ND AVE N, #111  
City-State-Zip: ST PETERSBURG FL 33710

*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:** CHRISTOPHER JACKSON

**DIRECTOR**

**04/22/2016**

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

\_\_\_\_\_  
Date