

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000010635

Entity Name: FREEDOM HEALTH AND WELLNESS LLC

Current Principal Place of Business:

600 E. DIXIE AVE.
LEESBURG, FL 34748

Current Mailing Address:

P.O. BOX 2013
LADY LAKE, FL 32158 US

FEI Number: 27-4695274

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHNELL, MARTIN NJR.
5910 SPINNAKER LOOP
LADY LAKE, FL 32159 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 SCHNELL, MARTIN NJR.
Address 5910 SPINNAKER LOOP
City-State-Zip: LADY LAKE FL 32159

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: MARTIN SCHNELL

PRESIDENT

04/24/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date