2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 04, 2014
Secretary of State
CC5783981686

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Entity Name: YOUR COMPLETE WELLNESS CENTER, LLC

Current Principal Place of Business:

6812 SHELDON ROAD
TAMPA, FL 33615

Current Mailing Address:

6812 SHELDON ROAD
TAMPA, FL 33615

FEI Number: 45-3365920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, JOHN
6812 SHELDON ROAD
TAMPA, FL 33615 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: JOHN SULLIVAN 07/04/2014

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM
Name	SULLIVAN, JOHN
Address	9706 WEST PARK VILLAGE DRIVE
City-State-Zip:	TAMPA FL 33626

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: JOHN SULLIVAN OWNER/PRESIDENT 07/04/2014

Electronic Signature of Signing Authorized Person(s) Detail — Date