2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2017
Secretary of State
CC8471391898

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Entity Name: YOUR COMPLETE WELLNESS CENTER, LLC

Current Principal Place of Business:

9619 ROYCE DRIVE
TAMPA, FL 33626

Current Mailing Address:

9619 ROYCE DRIVE
TAMPA, FL 33626 US

FEI Number: 45-3365920

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SULLIVAN, JOHN
9619 ROYCE DRIVE
TAMPA, FL 33626 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 04/30/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGRM	Title	CEO
Name	SULLIVAN, JOHN	Name	SULLIVAN, COLLEEN
Address	9619 ROYCE DRIVE	Address	9619 ROYCE DRIVE
City-State-Zip:	TAMPA FL 33626	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: COLLEEN SULLIVAN CEO 04/30/2017

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