

**2016 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L11000103519

**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

03/15/2016

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGRM  
Name SULLIVAN, JOHN  
Address 9619 ROYCE DRIVE  
City-State-Zip: TAMPA FL 33626

Title CEO  
Name SULLIVAN, COLLEEN  
Address 9619 ROYCE 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:** COLLEEN SULLIVAN

CEO

03/15/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date