

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000031906

**Entity Name:** WOMEN OF WELLNESS OF CENTRAL FLORIDA LLC

**Current Principal Place of Business:**

1691 JOELINE COURT  
WINTER PARK, FL 32789

**Current Mailing Address:**

1691 JOELINE COURT  
WINTER PARK, FL 32789 US

**FEI Number: 45-4630408**

**Certificate of Status Desired: No**

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

KIRSCHNER BUTLER, DENISE  
1691 JOELINE COURT  
WINTER PARK, FL 32789 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            PRESIDENT  
Name            KIRSCHNER BUTLER, DENISE  
Address        1691 JOELINE COURT  
City-State-Zip: WINTER PARK FL 32789

Title            MGRM  
Name            BESUDEN, KIMBERLY  
Address        1691 JOELINE COURT  
City-State-Zip: WINTER PARK FL 32789

*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: DENISE KIRSCHNER BUTLER**

**PRESIDENT**

**02/06/2019**

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

\_\_\_\_\_  
Date