

2015 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

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

Title MGRM
Name REGIER, HEIDI
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

04/06/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date