

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000095802

Entity Name: FUNCTIONAL MEDICINE MASTERS, LLC

Current Principal Place of Business:

602 LIME AVE
UNIT 202
CLEARWATER, FL 33756

Current Mailing Address:

602 LIME AVE
UNIT 202
CLEARWATER, FL 33756 US

FEI Number: 46-0692736

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ROBERTA, HUNTINGTON
602 LIME AVE
UNIT 202
CLEARWATER, FL 33756 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 MGRM
Name HUNTINGTON, ERIC R
Address 602 LIME AVE, UNIT 202
City-State-Zip: CLEARWATER FL 33756

Title MGRM
Name PALMER, BOBBEE
Address P.O. BOX 982886
City-State-Zip: PARK CITY UT 84098

Title MGRM
Name BEILHART, AUSTIN
Address 1312 LUCINDA WAY
City-State-Zip: TUSTIN CA 92780

Title MGRM
Name BEILHART, ROBERT
Address 294 SPOTTIS WOODE COURT
City-State-Zip: CLEARWATER FL 33756

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: ERIC HUNTINGTON

MGRM

02/19/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date