

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000075478

Entity Name: ACORN WELLNESS INSTITUTE LLC

Current Principal Place of Business:

115 NORTH TAMIAMI TRAIL.
8
NAKOMIS, FL 34275

Current Mailing Address:

115 NORTH TAMIAMI TRAIL.
8
NAKOMIS, FL 34275

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLARK, KAYLAH A
6036 APPROACH WAY
SARASOTA, FL 34238 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 MGR
Name CLARK, KAYLAH A
Address 6036 APPROACH WAY
City-State-Zip: SARASOTA FL 34238

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: KAYLAH CLARK

MGR

05/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date