

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000075478

**Entity Name:** ACORN WELLNESS INSTITUTE LLC

**Current Principal Place of Business:**

1803 NORTH WICKHAM RD  
MELBOURNE, FL 32935

**Current Mailing Address:**

3445 BUCKINGHAMMOCK TRAIL  
VERO BEACH , FL 32960 US

**FEI Number:** 46-3278047

**Certificate of Status Desired:** No

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

CLARK, KAYLAH A  
1803 NORTH WICKHAM RD  
MELBOURNE, FL 32935 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 1803 NORTH WICKHAM RD  
City-State-Zip: MELBOURNE FL 32935

*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 HAYES-CLARK

**OWNER**

**04/17/2017**

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

\_\_\_\_\_ Date