

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000097580

**Entity Name:** BE WELL HEALING ARTS, LLC

**Current Principal Place of Business:**

7860 GATE PKWY, SUITE 106  
JACKSONVILLE, FL 32225

**Current Mailing Address:**

4227 SAINT JOHNS AVE  
JACKSONVILLE, FL 32210 US

**FEI Number:** 46-3289559

**Certificate of Status Desired:** No

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

LAY, KENDRA F  
4227 SAINT JOHNS AVE  
JACKSONVILLE, FL 32210 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 LAY, KENDRA F  
Address 4227 SAINT JOHNS AVE  
City-State-Zip: JACKSONVILLE FL 32210

*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:** KENDRA LAY

**MANAGER/OWNER**

**03/03/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date