

2015 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

OWNER

01/09/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date