

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000106646

Entity Name: BETTER LEVEL MEDATIONS L.L.C.

Current Principal Place of Business:

3412 EMERALD ISLE CIR W
JACKSONVILLE, FL 32216

Current Mailing Address:

PO BOX 551664
JACKSONVILLE, FL 32255 US

FEI Number: 46-3279230

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAWRENCE, GLENN
3412 EMERALD ILSE CIR W
JAX, FL 32216 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 PRESIDENT
Name LAWRENCE, GLENN
Address 2820 GIBSON RD
 B
City-State-Zip: JAX FL 32207

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: GLENN LAWRENCE

PRESIDENT

05/01/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date