

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000163544

Entity Name: WELL SENSE PHARMACEUTICALS & NUTRITION LLC

Current Principal Place of Business:

7575 DR. PHILLIPS BLVD
SUITE 10
ORLANDO, FL 32719

Current Mailing Address:

7575 DR. PHILLIPS BLVD
SUITE 10
ORLANDO, FL 32719

FEI Number: 46-4215168

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TRINH, THANG Q
10107 WITTENBERG WAY
ORLANDO, FL 32832 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 TRINH, THANG Q MR
Address 7575 DR. PHILLIPS BLVD
City-State-Zip: ORLANDO FL 32719

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: THANG Q TRINH

MGR

01/21/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date