

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000026764

Entity Name: ORLANDO FAMILY WELLNESS, LLC

Current Principal Place of Business:

2973 LANGDON LN N
KISSIMMEE, FL 34741

Current Mailing Address:

2973 LANGDON LN N
KISSIMMEE, FL 34741 US

FEI Number: 46-4837068

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

THE LAW OFFICE OF LOUIZA TARASSOVA PA
1420 LAKE BALDWIN LN
ORLANDO, FL 32814 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 HORN, INNA
Address 2973 LANGDON LN N
City-State-Zip: KISSIMMEE FL 34741

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: INNA HORN

MGR

04/01/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date