

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000026764

**Entity Name:** ORLANDO FAMILY WELLNESS, LLC

**Current Principal Place of Business:**

8518 BUCKLEY COURT  
ORLANDO, FL 32817

**Current Mailing Address:**

8518 BUCKLEY COURT  
ORLANDO, FL 32817 US

**FEI Number: 46-4837068**

**Certificate of Status Desired: No**

**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 8518 BUCKLEY COURT  
City-State-Zip: ORLANDO FL 32817

*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**

**MANAGER**

**04/27/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date