

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000080095

Entity Name: BLUEFIRE WELLNESS LLC

Current Principal Place of Business:

2441 WEST STATE ROAD 426
SUITE 1031
OVIEDO, FL 32765-4516

Current Mailing Address:

2441 WEST STATE ROAD 426
SUITE 1031
OVIEDO, FL 32765-4516 US

FEI Number: 46-5686918

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KRANTZ, UTE L
6091 MARTHA'S LANE
SAINT CLOUD, FL 34771 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 KRANTZ, UTE L
Address 6091 MARTHA'S LANE
City-State-Zip: SAINT CLOUD FL 34771

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: UTE KRANTZ

MANAGER

04/10/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date