

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000116193

Entity Name: HERBAL WELLNESS, LLC

Current Principal Place of Business:

1 NORTHEAST 2ND AVENUE
SUITE 200
MIAMI, FL 33132

Current Mailing Address:

1 NORTHEAST 2ND AVENUE
SUITE 200
MIAMI, FL 33132

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WHITE, JAY A
1 NORTHEAST 2ND AVENUE
SUITE 200
MIAMI, FLORIDA, FL 33132 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 WHITE, JAY A
Address 1 NORTHEAST 2ND AVENUE, SUITE
200
City-State-Zip: MIAMI FL 33132

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: JAY WHITE

MANAGER

02/26/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date