

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000124077

Entity Name: SENSORIA WELLNESS, LLC

Current Principal Place of Business:

34876 US HWY 19 N
PALM HARBOR, FL 34684

Current Mailing Address:

34876 US HWY 19 N
PALM HARBOR, FL 34684

FEI Number: 47-1587902

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SWOPE, SCOTT P
3000 GULF TO BAY BLVD
STE 200
CLEARWATER, FL 33759 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	MGRM	Title	MGRM
Name	PERKINS, MARK	Name	PERKINS, MARIE
Address	622 BERRYWOOD WAY	Address	622 BERRYWOOD WAY
City-State-Zip:	PALM HARBOR FL 34683	City-State-Zip:	PALM HARBOR FL 34683

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: MARK PERKINS

OWNER

04/29/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date