

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000124598

**Entity Name:** WHOLE LIGHT WELLNESS, LLC

**Current Principal Place of Business:**

4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103

**Current Mailing Address:**

4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103

**FEI Number:** 59-0264862

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LUTGERT, KURT M  
4200 GULF SHORE BOULEVARD NORTH  
NAPLES, FL 34103 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:** KURT M. LUTGERT

03/09/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name LUTGERT, KURT M  
Address 4200 GULF SHORE BOULEVARD  
NORTH  
City-State-Zip: NAPLES FL 34103

*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:** KURT LUTGERT

MANAGER

03/09/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date