

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000130333

Entity Name: AGEWELLSOLUTIONS,LLC

Current Principal Place of Business:

243 LOGGERHEAD DR
MELBOURNE BEACH, FL 32951

Current Mailing Address:

243 LOGGERHEAD DR
MELBOURNE BEACH, FL 32951

FEI Number: 47-1639543

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CRAWFORD, KIMBERLY
243 LOGGERHEAD DR
MELBOURNE BEACH, FL 32951 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 CRAWFORD, KIMBERLY
Address 243 LOGGERHEAD DR
City-State-Zip: MELBOURNE BEACH FL 32951

Title MANAGER, COO
Name PESANT, GILLES COO
Address 243 LOGGERHEAD DR
City-State-Zip: MELBOURNE BEACH FL 32951

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: KIMBERLY CRAWFORD,M.D.

C.E.O.

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date