

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000146690

**Entity Name:** BEYOND WELLNESS SOLUTIONS, LLC

**Current Principal Place of Business:**

449 CENTRAL AVE  
102  
ST PETERSBURG, FL 33701

**Current Mailing Address:**

449 CENTRAL AVE  
102  
SAINT PETERSBURG, FL 33701 US

**FEI Number:** 47-1872048

**Certificate of Status Desired:** No

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

DIAZ, NIDIA L  
2156 3RD AVE N  
SAINT PETERSBURG , FL 33713 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            VP  
Name            FERNANDEZ, ARIEL  
Address        449 CENTRAL AVE  
                  102  
City-State-Zip: ST PETERSBURG FL 33701

*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:** ARIEL FERNANDEZ

**OWNER**

**01/21/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date