2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2017
Secretary of State
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Entity Name: BASIS WHOLE BODY WELLNESS, LLC.

Current Principal Place of Business:

4383 NORTHLAKE BLVD SUITE 309
PALM BEACH GARDENS, FL 33410

Current Mailing Address:

4383 NORTHLAKE BLVD SUITE 309
PALM BEACH GARDENS, FL 33410

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCUDERI, PHILIP
4383 NORTHLAKE BLVD SUITE 309
PALM BEACH GARDENS, FL 33410 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: PHILIP SCUDERI 04/06/2017

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MBR	Title	MBR
Name	SCUDERI, PHILLIP	Name	SCUDERI, WENDY M
Address	4383 NORTHLAKE BLVD SUITE 309	Address	4383 NORTHLAKE BLVD SUITE 309
City-State-Zip:	PALM BEACH GARDENS FL 33410	City-State-Zip:	PALM BEACH GARDENS FL 33410

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: WENDY SCUDERI MANAGER 04/06/2017

Electronic Signature of Signing Authorized Person(s) Detail — Date