

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000171380

Entity Name: FUSION MEDICINE & WELLNESS, LLC

Current Principal Place of Business:

620 N. TUBB STREET
OAKLAND, FL 34760

Current Mailing Address:

P.O. BOX 811
KAPAAU, HI 96755 US

FEI Number: 47-2290577

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHARFEN, CHARLOTTE N
620 N. TUBB STREET
OAKLAND, FL 34760 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: CHARLOTTE CHARFEN

03/16/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name CHARFEN, CHARLOTTE N
Address 620 N. TUBB ST
City-State-Zip: OAKLAND FL 34760

Title AMBR
Name NEWMAN, MARY
Address 1516 STEVENS CREEK DRIVE
City-State-Zip: NORTH AUGUSTA SC 29860

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: CHARLOTTE CHARFEN

MEMBER

03/16/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date