

2019 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L15000004746

Entity Name: NOBLE WELLNESS, LLC

Current Principal Place of Business:

950 NW 9 CT
BOCA RATON, FL 33486

Current Mailing Address:

950 NW 9TH COURT
BOCA RATON, FL 33486 US

FEI Number: 47-2756057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHOTTENFELD, DAVID J
7520 NW 5 ST SUITE 203
PLANTATION, FL 33317 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 MBR
Name WALSH, CHRISTOPHER
Address 757 SE 17 STREET SUITE 328
City-State-Zip: FT LAUDERDALE FL 33316

Title MBR
Name WALSH, KAREN CORCORAN
Address 402 NE 10 TERRACE
City-State-Zip: BOCA RATON FL 33432

Title MANAGER
Name SMITH, ROBERT
Address 17738 MIDDLEBROOK WAY
City-State-Zip: BOCA RATON FL 33496

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: ROBERT SMITH

MANAGER

10/07/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date