

**2017 FLORIDA LIMITED LIABILITY COMPANY 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:**

402 NE 10 TERRACE  
BOCA RATON, FL 33432 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 MGMR  
Name WALSH, CHRISTOPHER  
Address 757 SE 17 STREET SUITE 328  
City-State-Zip: FT LAUDERDALE FL 33316

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

*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:** CHRISTOPHER WALSH

MGMR

04/24/2017

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

\_\_\_\_\_  
Date