

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000078797

Entity Name: HEALTH AND WELLNESS SPA LLC

Current Principal Place of Business:

619 8TH ST SOUTH
NAPLES, FL 34102

Current Mailing Address:

619 8TH ST SOUTH
NAPLES, FL 34102

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DOLLARS AND SENSE LLC
5650 YAHL ST
2
NAPLES, FL 34109 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 MGR
Name LOVEJOY, NANCY
Address 619 8TH ST SOUTH
City-State-Zip: NAPLES FL 34102

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: NANCY LOVEJOY

MGR

04/24/2017

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date