

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000130235

Entity Name: MY HEALTH COACH L.L.C.

Current Principal Place of Business:

6369 BAYSIDE KEY DR
TAMPA, FL 33615

Current Mailing Address:

6369 BAYSIDE KEY DR
TAMPA, FL 33615

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

O'BRIEN, ERIN
6369 BAYSIDE KEY DR
TAMPA, FL 33615 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 O'BRIEN, ERIN
Address 6369 BAYSIDE KEY DR
City-State-Zip: TAMPA FL 33615

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: ERIN O'BRIEN

MGR

04/20/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date