

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000132558

Entity Name: BALANCED NUTRITION AND WELLNESS CONSULTING, LLC

Current Principal Place of Business:

4317 ARLEY PLACE
VALRICO, FL 33596

Current Mailing Address:

4317 ARLEY PLACE
VALRICO, FL 33596 US

FEI Number: 47-4729704

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARTIN, STEPHANIE K
4317 ARLEY PLACE
VALRICO, FL 33596 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: STEPHANIE MARTIN

02/12/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

| | | | |
|-----------------|---------------------|-----------------|-----------------------|
| Title | MGR | Title | AR |
| Name | MARTIN, STEPHANIE K | Name | MARTIN, CHRISTOPHER J |
| Address | 4317 ARLEY PLACE | Address | 4317 ARLEY PLACE |
| City-State-Zip: | VALRICO FL 33596 | City-State-Zip: | VALRICO FL 33596 |

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: STEPHANIE KAY MARTIN

PRESIDENT

02/12/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date