

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000180635

**Entity Name:** ACORN WELLNESS CENTER, LLC

**Current Principal Place of Business:**

2506 ACORN STREET  
SUITE C  
FORT PIERCE, FL 34947

**Current Mailing Address:**

2506 ACORN STREET  
SUITE C  
FORT PIERCE, FL 34947 US

**FEI Number:** 47-5394644

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

GREENBERG, DR. NICOLE L  
2506 ACORN STREET  
SUITE C  
FORT PIERCE, FL 34947 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:** DR. NICOLE L GREENBERG

01/23/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name GREENBERG, DR. NICOLE L  
Address 2506 ACORN STREET SUITE C  
City-State-Zip: FORT PIERCE FL 34947

*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:** GREENBERG , DR. NICOLE L

OWNER

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date