

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000025512

**Entity Name:** FULL SPECTRUM WELLNESS, LLC

**Current Principal Place of Business:**

8141 LAKEWOOD RANCH MAIN STREET  
208  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8141 LAKEWOOD RANCH MAIN STREET  
208  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 81-1379596

**Certificate of Status Desired:** Yes

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

DACORTA, MICHAEL  
8141 MAIN STREET  
208  
LAKEWOOD RANCH, FL 34202 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 DACORTA, MICHAEL  
Address 8141 MAIN STREET  
City-State-Zip: LAKEWOOD RANCH FL 34202

*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:** MICHAEL DACORTA

**MANAGING MEMBER**

**01/09/2017**

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

\_\_\_\_\_  
Date