

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000205620

Entity Name: JOYFUL WELLNESS, LLC

Current Principal Place of Business:

415 NE BLVD.
APT 2
GAINESVILLE, FL 32601

Current Mailing Address:

415 NE BLVD.
APT 2
GAINESVILLE, FL 32601 US

FEI Number: 81-4392135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETANCOURT, ANGELA
415 NE BLVD.
APT 2
GAINESVILLE, FL 32601 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 BETANCOURT, ANGELA M
Address 415 NE BLVD. #2
City-State-Zip: GAINESVILLE FL 32601

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: ANGELA M. BETANCOURT

OWNER

04/11/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date