

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000211037

**Entity Name:** CENTRAL FLORIDA WELLNESS, LLC

**Current Principal Place of Business:**

7932 W SAND LAKE RD  
#100  
ORLANDO, FL 32819

**Current Mailing Address:**

P.O. BOX 832  
LAKE WALES, FL 33859 US

**FEI Number:** 81-4381204

**Certificate of Status Desired:** No

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

STRAUGHN, RICHARD ESQ  
255 MAGNOLIA AVENUE  
WINTER HAVEN, FL 33883 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	Title	MGR
Name	TRACY, CHRISTOPHER	Name	SHORTLY, J. TIMOTHY
Address	9731 CHESTNUT RIDGE DR	Address	P.O. BOX 832
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	LAKE WALES FL 33859

*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:** J. TIMOTHY SHORTLY

**MGR/OWNER**

**04/14/2017**

Electronic Signature of Signing Authorized Person(s) Detail

Date