

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000060152

Entity Name: THERAHEALTH & WELLNESS LLC

Current Principal Place of Business:

631 N US HWY 1
SUITE 100
NORTH PALM BEACH, FL 33408

Current Mailing Address:

631 N US HWY 1
SUITE 100
NORTH PALM BEACH, FL 33408

FEI Number: 82-0826802

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TALEFF, ANGELICA
624 INLET RD
NORTH PALM BEACH, FL 33408 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	AMBR	Title	AMBR
Name	TALEFF, ANGELICA	Name	HODLE, JONATHAN D
Address	624 INLET RD	Address	10957 SE HARKEN TERR
City-State-Zip:	NORTH PALM BEACH FL 33408	City-State-Zip:	TEQUESTA FL 33469

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: ANGELICA TALEFF

MBR

01/15/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date