

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000075433

**Entity Name:** RUTHERFORD'S NATURAL WELLNESS CENTER, LLC

**Current Principal Place of Business:**

5106 FOREST GREEN DR W  
LAKELAND, FL 33811

**Current Mailing Address:**

5106 FOREST GREEN DR W  
LAKELAND, FL 33811 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

RUTHERFORD, JAMES  
5106 FOREST GREEN DR W  
LAKELAND, FL 33811 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            PRES  
Name            RUTHERFORD, ROSE  
Address        5106 FOREST GREEN DR W  
City-State-Zip: LAKELAND FL 33811

Title            V-PR  
Name            RUTHERFORD, JAMES  
Address        5106 FOREST GREEN DR W  
City-State-Zip: LAKELAND FL 33811

*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:** JAMES RUTHERFORD

V-PR

07/09/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date