

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000122768

Entity Name: WELLNESS WIRE, LLC

Current Principal Place of Business:

10059 SW VISCONTI WAY
PORT SAINT LUCIE, FL 34986

Current Mailing Address:

10059 SW VISCONTI WAY
PORT SAINT LUCIE, FL 34986 US

FEI Number: 82-1793540

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLAN, LAWRENCE P JR
10059 SW VISCONTI WAY
PORT SAINT LUCIE, FL 34986 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 NOLAN, LAWRENCE P JR
Address 10059 SW VISCONTI WAY
City-State-Zip: PORT SAINT LUCIE FL 34986

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: LAWRENCE P NOLAN JR

MANAGING MEMBER

03/21/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date