

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000152264

Entity Name: COMMUNITY WELLNESS RESOURCES, LLC

Current Principal Place of Business:

726 CYPRESS GREEN CIRCLE
WELLINGTON, FL 33414

Current Mailing Address:

726 CYPRESS GREEN CIRCLE
WELLINGTON, FL 33414 US

FEI Number: 82-4665556

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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 AR
Name LEVINE, CHARLENE S MRS.
Address 726 CYPRESS GREEN CIRCLE
City-State-Zip: WELLINGTON FL 33414

Title AR
Name LEVINE, ROBERT A DR.
Address 726 CYPRESS GREEN CIRCLE
City-State-Zip: WELLINGTON FL 33414

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: CHARLENE S. LEVINE

**AUTHORIZED
REPRESENTATIVE**

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date