

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000209830

Entity Name: LEAP WELLNESS, LLC

Current Principal Place of Business:

3624 ROYAL PALM AVE
MIAMI, FL 33133

Current Mailing Address:

3624 ROYAL PALM AVE
MIAMI, FL 33133 US

FEI Number: 82-3060455

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMRON, BRETT M ESQ.
ONE SE THIRD AVENUE
SUITE 1400
MIAMI, FL 33131 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 AMRON, LAUREN
Address 3624 ROYAL PALM AVENUE
City-State-Zip: MIAMI FL 33133

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: LAUREN AMRON

MANAGER

01/28/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date