

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000209830

Entity Name: LEAP WELLNESS, LLC

Current Principal Place of Business:

5901 SW 74 STREET
SUITE 208
SOUTH MIAMI, FL 33143

Current Mailing Address:

5901 SW 74 STREET
SUITE 208
SOUTH MIAMI, FL 33143 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

03/28/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date