

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000250455

Entity Name: OMNI WELLNESS GROUP LLC

Current Principal Place of Business:

35 ROCKRIDGE ROAD
SUITE A
ENGLEWOOD, OH 45322

Current Mailing Address:

35 ROCKRIDGE ROAD
SUITE A
ENGLEWOOD, OH 45322 US

FEI Number: 38-4056612

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ALLEN SANTOS LAW PA
300 S. ORANGE AVE.
STE 1000
ORLANDO, FL 32801 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 ALLEN, DAVID L
Address 35 ROCKRIDGE RD, STE A
City-State-Zip: ENGLEWOOD OH 45322

Title AUTHORIZED REPRESENTATIVE
Name ALLEN SANTOS, ANESSA
Address 300 S. ORANGE AVE., STE 1000
City-State-Zip: ORLANDO FL 32801

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: ANESSA ALLEN SANTOS

**AUTHORIZED
REPRESENTATIVE**

01/15/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date