

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000181219

Entity Name: MEND INTEGRATIVE WELLNESS L.L.C.

Current Principal Place of Business:

221 GULF BREEZE PARKWAY
GULF BREEZE, FL 32561

Current Mailing Address:

3 AUDUSSON AVE
PENSACOLA, FL 32507

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARSHALL, COLLEEN S
3 AUDUSSON AVE
PENSACOLA, FL 32507 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 MARSHALL, COLLEEN S
Address 3 AUDUSSON AVE
City-State-Zip: PENSACOLA FL 32507

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: COLLEEN MARSHALL

MGMR

05/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date