

2015 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000011353

Entity Name: LILY'S WELL-N.E.S.S., INC.**Current Principal Place of Business:**3886 FARRAGUT STREET
HOLLYWOOD, FL 33021**Current Mailing Address:**3886 FARRAGUT STREET
HOLLYWOOD, FL 33021**FEI Number:** 26-3892137**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**PARRON, PATRICIA
3886 FARRAGUT ST.
HOLLYWOOD, FL 33021 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**Officer/Director Detail :**

Title	PD
Name	PARRON, PATRICIA
Address	3886 FARRAGUT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	TD
Name	CICIONE, JANET
Address	3886 FARRAGUT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	D
Name	ARBOLI, FRANCISCO
Address	PO BOX 558485
City-State-Zip:	MIAMI FL 33155

Title	VSD
Name	VARA, ARTURO T
Address	3886 FARRAGUT STREET
City-State-Zip:	HOLLYWOOD FL 33021

Title	D
Name	GRAWER, KEVIN
Address	1079 PURDUE AVE
City-State-Zip:	ST. LOUIS MO 63130

Title	D
Name	SCHELL, GRACIELA
Address	3886 FARRAGUT ST
City-State-Zip:	HOLLYWOOD FL 33021

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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PATRICIA PARRON**PRESIDENT****04/09/2015**_____
Electronic Signature of Signing Officer/Director Detail_____
Date