

**2016 FLORIDA NOT FOR PROFIT CORPORATION AMENDED ANNUAL  
REPORT**

DOCUMENT# N12000003169

**Entity Name:** SCENTSABILITY MICRO-ENTERPRISE, INC.

**Current Principal Place of Business:**

503 NORTHWEST 118TH WAY  
CORAL SPRINGS, FL 33071

**Current Mailing Address:**

503 NORTHWEST 118TH WAY  
CORAL SPRINGS, FL 33071

**FEI Number:** 45-4940297

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

SCHMIDT, BONNIE  
503 NORTHWEST 118TH WAY  
CORAL SPRINGS, FL 33071 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 D, P, T  
Name SCHMIDT, BONNIE  
Address 503 NORTHWEST 118TH WAY  
City-State-Zip: CORAL SPRINGS FL 33071

Title S, D  
Name ANDERSON, DENISE  
Address 503 NORTHWEST 118TH WAY  
City-State-Zip: CORAL SPRINGS FL 33071

Title D  
Name D'ANGELO, BRIDGET  
Address 503 NORTHWEST 118TH WAY  
City-State-Zip: CORAL SPRINGS FL 33071

*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:** BONNIE SCHMIDT

**PRESIDENT/DIRECTOR**

**09/23/2016**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date