2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 11, 2020
Secretary of State
1119363079CC

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Entity Name: SIONE WELLNESS CENTER, LLC

Current Principal Place of Business:

710 W PRINCESTON ST,
SUITE C
ORLANDO, FL 32804

Current Mailing Address:

2210 UTOPIAN DRIVE E
104
CLEARWATER, FL 33763 US

FEI Number: 20-8683111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTERVELT, LUCIENNE
2210 UTOPIAN DRIVE E
104
CLEARWATER, FL 33763 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	Title	MGRM
Name	WESTERVELT, LUCIENNE	Name	WESTERVELT, FLOYD
Address	2210 UTOPIAN DRIVE E 104	Address	2210 UTOPIAN DRIVE E 104
City-State-Zip:	CLEARWATER FL 33763	City-State-Zip:	CLEARWATER FL 33763

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: LUCIENNE WESTERVELT MGR 05/11/2020

Electronic Signature of Signing Authorized Person(s) Detail — Date