

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000083164

Entity Name: SIONE WELLNESS CENTER, LLC

Current Principal Place of Business:

6651 VINELAND ROAD
SUITE 150
ORLANDO, FL 32819

Current Mailing Address:

100 BLUFF VIEW DR
615A
BELLEAIR BLUFFS, FL 33770 US

FEI Number: 20-8683111

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WESTERVELT, LUCIENNE
100 BLUFF VIEW DR.
615A
BELLEAIR BLUFFS, FL 33770 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 WESTERVELT, LUCIENNE
Address 6651 VINELAND ROAD, STE #150
City-State-Zip: ORLANDO FL 32819

Title MGRM
Name WESTERVELT, FLOYD
Address 100 BLUFF VIEW DR.
615A
City-State-Zip: BELLEAIR BLUFFS FL 33770

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: FLOYD WESTERVELT

MANAGER

03/20/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date