

**2019 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:**

2210 UTOPIAN DRIVE E  
104  
CLEARWATER, FL 33763 US

**FEI Number:** 20-8683111

**Certificate of Status Desired:** Yes

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

Title MGRM  
Name WESTERVELT, FLOYD  
Address 2210 UTOPIAN DRIVE E  
104  
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:** FLOYD WESTERVELT

**MANAGER**

**03/02/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date