

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000058621

Entity Name: PREVENTION PLUS WELLNESS, LLC

Current Principal Place of Business:

3595 FOREST BEND TERRACE
JACKSONVILLE, FL 32224

Current Mailing Address:

3595 FOREST BEND TERRACE
JACKSONVILLE, FL 32224

FEI Number: 51-0589475

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WERCH, CHUDLEY E. PHD
3595 FOREST BEND TERRACE
JACKSONVILLE, FL 32224 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: CHUDLEY E. WERCH, PHD

01/09/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name WERCH, CHUDLEY E. PHD
Address 3595 FOREST BEND TERRACE
City-State-Zip: JACKSONVILLE FL 32224

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: CHUDLEY EDWARD WERCH

PRESIDENT

01/09/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date