

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000061705

Entity Name: INTENTIONAL WELLNESS, LLC

Current Principal Place of Business:

2933 W. STATE ROAD 434
SUITE 111
LONGWOOD, FL 32779

Current Mailing Address:

2087 LAKE MARION DR
APOPKA, FL 32712 US

FEI Number: 20-5067293

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROSE, ROBYN J
2087 LAKE MARION DR
APOPKA, FL 32712 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 MGRM
Name ROSE, ROBYN J
Address 2087 LAKE MARION DR.
City-State-Zip: APOPKA FL 32712

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: ROBYN ROSE

OWNER

01/19/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date