2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 25, 2013
Secretary of State
CC0411993823

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Entity Name: INTENTIONAL WELLNESS, LLC

Current Principal Place of Business:

405 W. CENTRAL PARKWAY
SUITE 1010,
ALTAMONTE SPRINGS, FL 32714

Current Mailing Address:

2087 LAKE MARION DR
APOPKA, FL 32712

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: ROBYN ROSE MANAGING MEMBER 03/25/2013

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