

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018131

**Entity Name:** PREMIER WELLNESS CENTERS LLC

**Current Principal Place of Business:**

10801 SW TRADITION SQUARE  
PORT ST. LUCIE, FL 34987

**Current Mailing Address:**

10801 SW TRADITION SQUARE  
PORT ST. LUCIE, FL 34987

**FEI Number:** 26-2015790

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

JENSEN, WILLIAM  
10801 SW TRADITION SQUARE  
PORT ST. LUCIE, FL 34987 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 JENSEN, WILLIAM  
Address 10081 SW DOLCE RD  
City-State-Zip: PORT SAINT LUCIE FL 34986

*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:** WILLIAM JENSEN

MGRM

02/18/2013

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

\_\_\_\_\_  
Date