

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000018131

**Entity Name:** PREMIER WELLNESS CENTERS LLC

**Current Principal Place of Business:**

10050 SW INNOVATION WAY  
201  
PORT ST. LUCIE, FL 34987

**Current Mailing Address:**

10050 SW INNOVATION WAY  
201  
PORT ST. LUCIE, FL 34987 US

**FEI Number:** 26-2015790

**Certificate of Status Desired:** No

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

JENSEN, WILLIAM  
10050 SW INNOVATION WAY  
201  
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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM JENSEN

MGR

01/23/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date