

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000043760

**Entity Name:** IWELLNESS, LLC.

**Current Principal Place of Business:**

3337 PINE SHADOW CIRCLE  
NORTH PORT, FL 34287

**Current Mailing Address:**

3337 PINE SHADOW CIRCLE  
NORTH PORT, FL 34287 US

**FEI Number:** 26-2531827

**Certificate of Status Desired:** No

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

AMERICAN SAFETY COUNCIL, INC.  
5125 ADANSON ST.  
SUITE 500  
ORLANDO, FL 32804 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 LONG, J. GRAHAM  
Address 3337 PINE SHADOW CIRCLE  
City-State-Zip: NORTH PORT FL 34287

*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:** LONG, J. GRAHAM

MGRM

03/19/2014

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

\_\_\_\_\_ Date