

2013 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: Yes

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

SIGNATURE: LONG, J. GRAHAM

MGRM

03/22/2013

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date