

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000020741

Entity Name: HOMELAND WELLNESS, LLC

Current Principal Place of Business:

6601 MEMORIAL HWY., STE 219
TAMPA, FL 33615-4501

Current Mailing Address:

6601 MEMORIAL HWY., STE 219
TAMPA, FL 33615-4501

FEI Number: 27-1968545

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GRAY, SHARON M
11203 CLAYRIDGE DRIVE
TAMPA, FL 33635 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 GRAY, SHARON M
Address 11203 CLAYRIDGE DRIVE
City-State-Zip: TAMPA FL 33635

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: SHARON M GRAY

MGRM

04/04/2013

Electronic Signature of Signing Authorized Person(s) Detail

Date