

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000029714

Entity Name: ISLAND WELLNESS CENTER,LLC

Current Principal Place of Business:

240 PARNELL STREET
MERRITT ISLAND, FL 32953

Current Mailing Address:

240 PARNELL STREET
MERRITT ISLAND, FL 32953 US

FEI Number: 20-4137923

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SMITH, KIMBERLE A
240 PARNELL STREET
MERRITT ISLAND, FL 32953 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 MGR
Name SMITH, KIMBERLE A
Address 240 PARNELL STREET
City-State-Zip: MERRITT ISLAND FL 32953

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: KIMBERLE SMITH

MGR

02/14/2016

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date