

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000080245

Entity Name: JACKSONVILLE MAXIMUM WELLNESS, LLC

Current Principal Place of Business:

13121 ATLANTIC BLVD., STE. 4
JACKSONVILLE, FL 32225

Current Mailing Address:

2127 SAINT MARTINS DRIVE WEST
JACKSONVILLE, FL 32246

FEI Number: 90-0741135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MCNEIL, MICHAEL B
2127 SAINT MARTINS DRIVE WEST
JACKSONVILLE, FL 32246 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 MCNEIL, MICHAEL B
Address 2127 SAINT MARTINS DRIVE WEST
City-State-Zip: JACKSONVILLE FL 32246

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: MICHAEL MCNEIL

OWNER

02/21/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date