

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000084145

**Entity Name:** DMD WELLNESS L.L.C.

**Current Principal Place of Business:**

1507 VALPARAISO BLVD.  
NICEVILLE, FL 32578

**Current Mailing Address:**

PO BOX 516  
NICEVILLE, FL 32588 US

**FEI Number:** 49-2494899

**Certificate of Status Desired:** No

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

DALILI, DAWN MN.D.  
1507 VALPARAISO BLVD  
NICEVILLE, FL 32578 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 DALILI, DAWN M.  
Address PO BOX 516  
City-State-Zip: NICEVILLE FL 32588

*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:** DAWN M DALILI

**MNGR**

**04/18/2016**

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

\_\_\_\_\_  
Date