

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000093968

Entity Name: E-WELLNESS INSTITUTE, LLC

Current Principal Place of Business:

2141 LOGAN STREET
CLEARWATER, FL 33766

Current Mailing Address:

2141 LOGAN STREET
CLEARWATER, FL 33766

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MONICA, EATON
15335 GROOSE POINT LANE
CLERMONT, FL 34714 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 EATON, MONICA
Address 2141 LOGAN STREET
City-State-Zip: CLEARWATER FL 33766

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: MONICA EATON

MGR

01/11/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date