

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000071925

**Entity Name:** SOLDIER CITY WELLNESS CENTER LLC

**Current Principal Place of Business:**

3340 PAWLEYS LOOP NORTH  
ST CLOUD, FL 34769

**Current Mailing Address:**

3340 PAWLEYS LOOP NORTH  
ST CLOUD, FL 34769 US

**FEI Number:** 46-1779800

**Certificate of Status Desired:** Yes

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

MARAGH, ANDREW R  
3340 PAWLEYS LOOP NORTH  
ST CLOUD, FL 34769 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 MARAGH, ANDREW R  
Address 3340 PAWLEYS LOOP NORTH  
City-State-Zip: ST CLOUD FL 34769

Title MGR  
Name BIELE, BETH A  
Address 3340 PAWLEYS LOOP NORTH  
City-State-Zip: ST CLOUD FL 34769

*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:** ANDREW MARAGH

**OWNER**

**03/11/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date