

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000034905

**Entity Name:** RENU MEDICAL WELLNESS CLINIC OF ORLANDO LLC

**Current Principal Place of Business:**

1307 N LAKE HOWARD DR  
WINTER HAVEN, FL 33881

**Current Mailing Address:**

1307 N LAKE HOWARD DR  
WINTER HAVEN, FL 33881 US

**FEI Number:** 45-2231760

**Certificate of Status Desired:** No

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

CARUSO, STEVEN  
486 N HARBOR CITY BLVD  
MELBOURNE, FL 32935 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 EVANS, KAREN DR.  
Address 1307 N LAKE HOWARD DR  
City-State-Zip: WINTER HAVEN FL 33881

*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:** KAREN EVANS

MANAGER

04/17/2014

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

\_\_\_\_\_ Date