

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000057100

Entity Name: ASPIRE TOTAL WELLNESS LLC

Current Principal Place of Business:

429 N FEDERAL HWY
POMPANO BEACH, FL 33062

Current Mailing Address:

429 N FEDERAL HWY
POMPANO BEACH, FL 33062 US

FEI Number: 48-6241069

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
13302 WINDING OAKS COURT
SUITE A
TAMPA, FL 33612 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 FILEWICH, LEIGH
Address 2808 NE 30TH STREET
City-State-Zip: FORT LAUDERDALE FL 33306

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: LEIGH FILEWICH

OWNER

04/26/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date