

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000087578

**Entity Name:** NEW SPRING WELLNESS, LLC

**Current Principal Place of Business:**

8209 NATURES WAY,  
UNIT 215  
LAKEWOOD RANCH, FL 34202

**Current Mailing Address:**

8209 NATURES WAY,  
UNIT 215  
LAKEWOOD RANCH, FL 34202 US

**FEI Number:** 46-3023830

**Certificate of Status Desired:** No

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

RICHARDS, SCOTT  
6122 TURNBURY PARK DR #9102  
SARASOTA, FL 34243 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	Title	MGR
Name	RICHARDS, SCOTT	Name	RICHARDS, PATSY
Address	6122 TURNBURY PARK DR #9102	Address	6122 TURNBURY PARK DR #9102
City-State-Zip:	SARASOTA FL 34243	City-State-Zip:	SARASOTA FL 34243

*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:** SCOTT RICHARDS

**MGR & CEO**

**04/15/2014**

Electronic Signature of Signing Authorized Person(s) Detail

Date