

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000117406

Entity Name: FUNCTION HEALTH AND WELLNESS LLC

Current Principal Place of Business:

829 DELTONA BLVD.
204
DELTONA, FL 32725

Current Mailing Address:

829 DELTONA BLVD.
204
DELTONA, FL 32725 US

FEI Number: 46-3463097

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LAVARIAS, SAMUEL
829 DELTONA BLVD
204
DELTONA, FL 32725 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 LAVARIAS, SAMUEL
Address 829 DELTONA BLVD STE 204
City-State-Zip: DELTONA FL 32725

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: SAMUEL LAVARIAS

ADMINISTRATOR

02/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date