

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000145313

Entity Name: KEY WELLNESS, LLC

Current Principal Place of Business:

1404 WATER LILLY LANE
KISSIMMEE, FL 34744

Current Mailing Address:

1404 WATER LILLY LANE
KISSIMMEE, FL 34744 US

FEI Number: 46-3880793

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

MALAVE, NEREIDA
1404 WATER LILLY LANE
KISSIMMEE, FL 34744 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 BENNETT, NAYDA
Address PO BOX 451743
City-State-Zip: KISSIMMEE FL 34745

Title MGRM
Name MALAVE, NEREIDA
Address 1404 WATER LILLY LANE
City-State-Zip: KISSIMMEE FL 34744

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: NEREIDA MALAVE

VP MARKETING

04/01/2014

Electronic Signature of Signing Authorized Person(s) Detail

Date