

2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000162684

Entity Name: CCRL WELLNESS, LLC

Current Principal Place of Business:

801 VIA LOMBARDY
WINTER PARK, FL 32789

Current Mailing Address:

801 VIA LOMBARDY
WINTER PARK, FL 32789

FEI Number: NOT APPLICABLE

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KATTELMANN, JAMES G
215 N EOLA DR.
ORLANDO, FL 32801 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 GELLEIN, BRETT T
Address 801 VIA LOMBARDY
City-State-Zip: WINTER PARK FL 32789

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: BRETT T GELLEIN

MGR

04/16/2014

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date