

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000034199

**Entity Name:** PURE AROMA HEALTH LLC

**Current Principal Place of Business:**

14442 BRIDGEWATER CROSSING BLVD.  
WINDERMERE, FL 34786

**Current Mailing Address:**

14442 BRIDGEWATER CROSSING BLVD.  
WINDERMERE, FL 34786

**FEI Number:** 46-5017070

**Certificate of Status Desired:** No

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

TILLOTSON LAW, PA  
6735 CONROY WINDERMERE ROAD  
SUITE 210  
ORLANDO, FL 32835 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	AMBR	Title	AMBR
Name	AHLSTROM, PAUL	Name	AHLSTROM, DELMARA
Address	14442 BRIDGEWATER CROSSING BLVD.	Address	14442 BRIDGEWATER CROSSING BLVD.
City-State-Zip:	WINDERMERE FL 34786	City-State-Zip:	WINDERMERE FL 34786

*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:** PAUL AHLSTROM

**MEMBER**

**03/03/2015**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date