

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000136147

Entity Name: FOCUS HEALTH STYLE, LLC

Current Principal Place of Business:

2291 OAKES BLVD
SUITE 101
NAPLES, FL 34119

Current Mailing Address:

2291 OAKES BLVD
SUITE 101
NAPLES, FL 34119

FEI Number: 47-1721032

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEO, LORI-JANE
2291 OAKES BLVD.
SUITE 101
NAPLES, FL 34119 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 LEO, LORI-JANE
Address 2291 OAKES BLVD, SUITE 101
City-State-Zip: NAPLES FL 34119

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: LORI-JANE LEO

CEO

01/08/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date