

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000153220

**Entity Name:** ACCA WELLNESS, LLC

**Current Principal Place of Business:**

848 BRICKELL AVE  
SUITE 617  
MIAMI, FL 33131

**Current Mailing Address:**

848 BRICKELL AVE  
SUITE 617  
MIAMI, FL 33131 US

**FEI Number:** 47-2021682

**Certificate of Status Desired:** No

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

FELICIANO, JOHN F  
848 BRICKELL AVE  
SUITE 617  
MIAMI, FL 33131 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            MANAGEMENT SSS FL, CORP.  
Address        848 BRICKELL AVE  
                  SUITE 617  
City-State-Zip: MIAMI FL 33131

*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:** JOHN F. FELICIANO

MGR

04/29/2016

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

\_\_\_\_\_  
Date