

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000153752

Entity Name: ADVANCED WELLNESS SOLUTIONS LLC

Current Principal Place of Business:

4965 SOUTH US HWY 1
FORT PIERCE, FL 34982

Current Mailing Address:

2552 12TH SQ SW
VERO BEACH, FL 32968 US

FEI Number: 37-1768800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HURD, DANIELLE C DR.
4965 SOUTH US HWY 1
FORT PIERCE, FL 34982 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 HURD, DANIELLE C DR.
Address 4965 SOUTH US HWY 1
City-State-Zip: FORT PIERCE FL 34982

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: DANIELLE C HURD

OWNER

04/19/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date