

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000193864

**Entity Name:** SB WELLNESS CONSULTING, LLC

**Current Principal Place of Business:**

95 HILLBURNE LN  
YORKTOWN, VA 23692

**Current Mailing Address:**

95 HILLBURNE LN  
YORKTOWN, VA 23692 US

**FEI Number: 47-2596940**

**Certificate of Status Desired:** No

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

BERGTHOLDT, SHANNAN E  
95 HILLBURNE LN  
YORKTOWN, FL 23692 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            OWNER  
Name            BERGTHOLDT, SHANNAN  
Address        95 HILLBURNE LN  
City-State-Zip: YORKTOWN VA 23692

*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: SHANNAN BERGTHOLDT**

**OWNER**

**02/17/2019**

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

\_\_\_\_\_ Date