

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000193864

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

**Current Principal Place of Business:**

6806 S SPARKMAN ST  
TAMPA, FL 33616

**Current Mailing Address:**

6806 S SPARKMAN ST  
TAMPA, FL 33616

**FEI Number:** 47-2596940

**Certificate of Status Desired:** No

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

BERGTHOLDT, SHANNAN E  
6806 S SPARKMAN ST  
TAMPA, FL 33616 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        6806 S SPARKMAN ST  
City-State-Zip: TAMPA FL 33616

*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 ELIZABETH BERGTHOLDT

OWNER

03/20/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date