

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000109261

**Entity Name:** SUJA ART AND WELLNESS LLC

**Current Principal Place of Business:**

1105 PHELPS STREET  
JACKSONVILLE, FL 32206

**Current Mailing Address:**

1105 PHELPS STREET  
JACKSONVILLE, FL 32206

**FEI Number:** 47-4385258

**Certificate of Status Desired:** No

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

PICKETT, SUZANNE M  
1105 PHELPS STREET  
JACKSONVILLE, FL 32206 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 ROBERTS, RAMONA V  
Address 11811 BRADDOCK ROAD  
City-State-Zip: JACKSONVILLE FL 32219

Title MGR  
Name NELSON, KIMBERLY S  
Address 6527 HARMON HILLS CIRCLE  
City-State-Zip: JACKSONVILLE FL 32222

Title AUTHORIZED MEMBER  
Name HARRELL, JAMES JR.  
Address 1105 PHELPS STREET  
City-State-Zip: JACKSONVILLE FL 32206

*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:** ROBERTS , RAMONA V

MANAGER

04/30/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date