

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000154805

Entity Name: WELLNESS ON DEMAND, LLC

Current Principal Place of Business:

430 S DIXIE HWY., SUITE 211
CORAL GABLES, FL 33146

Current Mailing Address:

430 S DIXIE HWY., SUITE 211
CORAL GABLES, FL 33146

FEI Number: 47-5075018

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

TROLLERUD, VERONICA
430 S DIXIE HWY., SUITE 211
CORAL GABLES, FL 33146 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 TROLLERUD, VERONICA
Address 430 S DIXIE HWY., SUITE 211
City-State-Zip: CORAL GABLES FL 33146

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: VERONICA E TROLLERUD

OWNER

01/25/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date