

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000195163

Entity Name: LIVE WELL NATURAL MEDICINE LLC

Current Principal Place of Business:

2909 W STATE RD 434 SUITE 121
LONGWOOD, FL 32779

Current Mailing Address:

2909 W STATE RD 434 SUITE 121
LONGWOOD, FL 32779 US

FEI Number: 47-5674336

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

ANCA, IULIANA
2909 W STATE RD 434 SUITE 121
LONGWOOD, FL 32779 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: IULIANA ANCA

04/24/2017

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name ANCA, IULIANA
Address 2909 W STATE RD 434 SUITE 121
City-State-Zip: LONGWOOD FL 32779

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: IULIANA ANCA

OWNER

04/24/2017

Electronic Signature of Signing Authorized Person(s) Detail

Date