

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000218872

Entity Name: AZUL WELLNESS, LLC

Current Principal Place of Business:

5380 S KIRKMAN RD
ORLANDO, FL 32819

Current Mailing Address:

5380 S KIRKMAN RD
ORLANDO, FL 32819 US

FEI Number: 81-4599128

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE PRINCIPAL LAW FIRM, P.L.
7025 CR46A, SUITE 1071, PMB 353
LAKE MARY, FL 32746 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 THE ATLANTIS REVOCABLE TRUST
Address 7554 PURPLE FINCH STREET
City-State-Zip: WINTER GARDEN FL 34787

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: THE ATLANTIS REVOCABLE TRUST

MGR

01/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date