

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000128214

Entity Name: EVOLVE WELLNESS CENTERS LLC

Current Principal Place of Business:

10050 SW INNOVATION WAY
SUITE 201
PORT SAINT LUCIE, FL 34987

Current Mailing Address:

10050 SW INNOVATION WAY
SUITE 201
PORT SAINT LUCIE, FL 34987 US

FEI Number: 82-1309510

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEHRLE, AMBER
10050 SW INNOVATION WAY
SUITE 201
PORT SAINT LUCIE, FL 34987 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: AMBER WEHRLE

04/24/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name WEHRLE, AMBER K
Address 10081 SW DOLCE RD
City-State-Zip: PORT SAINT LUCIE FL 34986

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: AMBER WEHRLE

MANAGER

04/24/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date