

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000250455

**Entity Name:** OMNI WELLNESS GROUP LLC

**Current Principal Place of Business:**

35 ROCKRIDGE ROAD  
SUITE A  
ENGLEWOOD, OH 45322

**Current Mailing Address:**

35 ROCKRIDGE ROAD  
SUITE A  
ENGLEWOOD, OH 45322 US

**FEI Number:** 38-4056612

**Certificate of Status Desired:** No

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

ALLEN SANTOS LAW PA  
14620 BLACK QUILL DR  
WINTER GARDEN, FL 34787 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 ALLEN, DAVID L  
Address 35 ROCKRIDGE RD, STE A  
City-State-Zip: ENGLEWOOD OH 45322

*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:** DAVID ALLEN

**PRESIDENT & CEO**

**03/15/2018**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date