

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000014625

Entity Name: INQUIRE WITHIN FLORIDA LLC

Current Principal Place of Business:

C/O BE WELL NATURAL HEALTH CLINIC
1032 GOODLETTE RD.
NAPLES, FL 34102

Current Mailing Address:

2524 LEE ST.
NAPLES, FL 34112 US

FEI Number: 82-4063906

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BEAUCHAMP, CAROLYN A
2524 LEE ST.
NAPLES, FL 34112 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 PRES
Name BEAUCHAMP, CAROLYN A
Address 2524 LEE ST.
City-State-Zip: NAPLES FL 34112

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: CAROLYN BEAUCHAMP

PRESIDENT

04/04/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date