

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000040388

Entity Name: ARMSTRONG FAMILY WELLNESS, LLC

Current Principal Place of Business:

18128 LEAFWOOD CIR
LUTZ, FL 33558

Current Mailing Address:

18128 LEAFWOOD CIR
LUTZ, FL 33558 US

FEI Number: 82-4694874

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ARMSTRONG, AMY JO
18128 LEAFWOOD CIR
LUTZ, FL 33558 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: AMY ARMSTRONG

02/14/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name ARMSTRONG, AMY
Address 18128 LEAFWOOD CIR
City-State-Zip: LUTZ FL 33558

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: AMY ARMSTRONG

AMBR

02/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date