

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000171643

Entity Name: BAY AREA WOMEN'S WELLNESS, LLC

Current Principal Place of Business:

3165 MCMULLEN BOOTH RD.
SUITE G-1
CLEARWATER, FL 33761

Current Mailing Address:

3165 MCMULLEN BOOTH RD.
SUITE G-1
CLEARWATER, FL 33761 US

FEI Number: 83-1279439

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ST. JOHN, PATRICIA A
304 MAGNOLIA DRIVE
CLEARWATER, FL 33756 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 ST. JOHN, PATRICIA A
Address 304 MAGNOLIA DRIVE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name RUIZ, IVELISSE
Address 3004 SAVANNAH OAKS CIRCLE
City-State-Zip: TARPON SPRINGS AL 34688

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: PATRICIA ST. JOHN MD

MANAGER

04/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date