

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000026664

Entity Name: REGENERATIVE WELLNESS OF ORLANDO, LLC

Current Principal Place of Business:

7600 DR. PHILLIPS BLVD
52
ORLANDO, FL 32819

Current Mailing Address:

7600 DR. PHILLIPS BLVD
52
ORLANDO, FL 32819 US

FEI Number: 84-3527101

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TERRY, MARVIN R
1364 SCARLET OAK LOOP
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 TERRY, MARVIN R
Address 1364 SCARLET OAK LOOP
City-State-Zip: WINTER GARDEN FL 34787

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: MARVIN TERRY

PRESIDENT

05/01/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date