

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000195176

Entity Name: ABSOLUTE WELLNESS & PHYSICAL THERAPY LLC

Current Principal Place of Business:

4651 SALISBURY RD STE 400
JACKSONVILLE, FL 32256

Current Mailing Address:

4651 SALISBURY RD STE 400
JACKSONVILLE, FL 32256

FEI Number: 47-4911231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROLAND, WANDA
4651 SALISBURY RD STE 400
JACKSONVILLE, FL 32256 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 ROLAND, WANDA
Address 2018 RIVER BLUFF ROAD
City-State-Zip: N. JACKSONVILLE FL 32211

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: WANDA ROLAND

MGR

05/29/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date