

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000123875

**FILED**  
**Jan 24, 2012**  
**Secretary of State**

**Entity Name:** JOTHI VITA AYURVEDIC SPA AND WELLBEING CENTER, LLC

**Current Principal Place of Business:**

500 NORTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

1830 SOUTH OCEAN DRIVE  
APT # 3303  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 27-4464784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

**Name and Address of Current Registered Agent:**

PELLEGRINO, LUZ M  
1830 SOUTH OCEAN DRIVE  
APT # 3303  
HALLANDALE, FL 33009 US

**Name and Address of New Registered Agent:**

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGRM  
**Name:** PELLEGRINO, LUZ M  
**Address:** 1830 S. OCEAN DRIVE, #3303  
**City-St-Zip:** HALLANDALE BEACH, FL 33009

**Title:** MGR  
**Name:** PELLEGRINO, LOUIS  
**Address:** 1830 S. OCEAN DRIVE #3303  
**City-St-Zip:** HALLANDALE BEACH, FL 33009

I hereby certify that the information indicated on this 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 608, Florida Statutes.

SIGNATURE: LUZ M. PELLEGRINO

MGRM

01/24/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date