

L 16000219430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

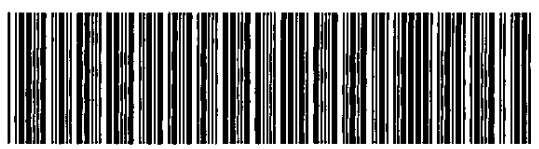
(Business Entity Name)

(Document Number)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 30 AM 10:34

M. MILLIGAN
MAY 31 2017



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 16, 2017

GEORGE E CRUSER JR.
6848 STIRLING RD
HOLLYWOOD, FL 33024

SUBJECT: REFLECTIONS WELLNESS CENTER LLC
Ref. Number: L16000219430

We have received your document for REFLECTIONS WELLNESS CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan
Senior Section Administrator

Letter Number: 517A00009703

* Enclosed please find the correct form.

Thank you

RECEIVED
2017 MAY 30 AM 11:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: REFLECTIONS WELLNESS CENTER LLC
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE E CRUSER JR
Name of Person

REFLECTIONS WELLNESS CENTER LLC
Firm/Company

6848 STIRLING RD
Address

HOLLYWOOD, FL 33024
City/State and Zip Code

gcruser@rwcflorida.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE CRUSER at (301) 461-2184
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Enclosed is a check for the following amount:

\$25 Filing Fee

\$55 Filing Fee & Certified Copy

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: REFLECTIONS WELLNESS CENTER LLC

2. (a) 6848 STIRLING RD (b) 6848 STIRLING RD

Principal office address of limited liability company:
(Note: MUST BE STREET ADDRESS)

Mailing address of limited liability company:
(Note: MAY BE POST OFFICE BOX)

HOLLYWOOD, FL 33024

HOLLYWOOD, FL 33024

3. DEC 05, 2016
Date of filing/registration in Florida

4. L16000219430
Document number

5. (a) GEORGE E CRUSER JR
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address *(MUST BE FLORIDA STREET ADDRESS)*

2631 E ATLANTIC BLVD # 1113
POMPANO BEACH, FL 33062

(b) GEORGE E CRUSER JR
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6848 STIRLING RD
NEW Registered Office Address:

HOLLYWOOD, FL 33024

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
17 MAY 30 AM 10:36

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

George Eluser Jr, MEMBER
Signature of a member or authorized representative of a member

GEORGE E CRUSER JR
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

George Eluser Jr
Signature of Registered Agent