## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000023177

Entity Name: PERFECT BALANCE, LLC

**Current Principal Place of Business:** 2800 PONCE DE LEON BLVD., SUITE 1125

CORAL GABLES. FL 33134

**Current Mailing Address:** 

2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES. FL 33134

FEI Number: 20-2460633 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SCHERMER, STEVEN J 2800 PONCE DE LEON BLVD., SUITE 1125 CORAL GABLES, FL 33134 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

**FILED** Feb 23, 2015

**Secretary of State** 

CC5571185606

## Authorized Person(s) Detail:

Title MGR

Name CHAPLIN, HARVEY Address 160B NW 163 STREET City-State-Zip: MIAMI BEACH FL 33109

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.

**MANAGER** 

Electronic Signature of Signing Authorized Person(s) Detail