I hereby certify that the information indicated on this report or supplemental report is true and accur	rate and that my electronic signature shall have th	ne 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 the	ustee empowered to execute this report as requir	ed by Chapter 608, Florida Statutes; and		
that my name appears above, or on an attachment with all other like empowered.				
SIGNATURE UZ M PELLEGRINO	CEO	03/26/2013		

SIGNATURE: LUZ M. PELLEGRINO

Electronic Signature of Signing Authorized Person(s) Detail

500 N. FEDERAL HIGHWAY HOLLYWOOD, FL 33020

Current Mailing Address:

FEI Number: 27-4464784

Name and Address of Current Registered Agent:

PELLEGRINO, LUZ M 500 N FEDERAL HIGHWAY HOLLYWOOD, FL 33020 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

Authorized Person(s) Detail :

Title	MGRM	Title	MGR
Name	PELLEGRINO, LUZ M	Name	PELLEGRINO, LOUIS
Address	500 N. FEDERAL HIGHWAY	Address	500 N. FEDERAL HIGHWAY
City-State-Zip:	HOLLYWOOD FL 33020	City-State-Zip:	HOLLYWOOD FL 33020

CEO

2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT# L10000123875

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

Current Principal Place of Business:

500 N. FEDERAL HIGHWAY HOLLYWOOD, FL 33020

Mar 26, 2013 Secretary of State CC1505641651

FILED

Certificate of Status Desired: Yes

Date

Date