

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000138940

Entity Name: WELLNESS FOR LIFE CARIBBEAN LLC

Current Principal Place of Business:

600 GRAPETREE DR, 7BN
KEY BISCAYNE, FL 33149

Current Mailing Address:

P.O. BOX 491423
KEY BISCAYNE, FL 33149

FEI Number: 45-4127575

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BLANCO, MICHAEL A.
8360 W FLAGLER STREET
SUITE 200
MIAMI, FL 33144 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: MICHAEL A. BLANCO

03/13/2018

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name MESTRE, ALBERTO E
Address P.O. BOX 491423
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM
Name MESTRE, ABEL A
Address P.O. BOX 491423
City-State-Zip: KEY BISCAYNE FL 33149

Title MGRM
Name MESTRE, VICTOR A
Address P.O. BOX 491423
City-State-Zip: KEY BISCAYNE FL 33149

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: MESTRE , ALBERTO E

MGMR

03/13/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date