## 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 Title MGRM

NameMESTRE, ALBERTO ENameMESTRE, ABEL AAddressP.O. BOX 491423AddressP.O. BOX 491423

City-State-Zip: KEY BISCAYNE FL 33149 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

FILED Mar 13, 2018

**Secretary of State** 

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