

**2020 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

04/28/2020

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

MGR

04/28/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date