

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

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FILED
Feb 10, 2017
Secretary of State
CC1211709341

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:

MESTRE, ALBERTO E
600 GRAPETREE DR. 7BN
KEY BISCAYNE, FL 33149 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

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: ALBERTO E MESTRE

MGR

02/10/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date