

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000140475

**Entity Name:** WELLINGTON WELLNESS INSTITUTE, LLC

**Current Principal Place of Business:**

13421 SOUTH SHORE BLVD.  
SUITE 203  
WELLINGTON , FL 33414

**Current Mailing Address:**

13421 SOUTH SHORE BLVD.  
SUITE 203  
WELLINGTON , FL 33414 US

**FEI Number:** 45-4040234

**Certificate of Status Desired:** Yes

**Name and Address of Current Registered Agent:**

CABANELLAS, JENNINE  
13421 SOUTH SHORE BLVD.  
SUITE 203  
WELLINGTON , FL 33414 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:** JENNINE CABANELLAS

04/23/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER, AUTHORIZED MEMBER  
Name           CABANELLAS, JENNINE  
Address        13421 SOUTH SHORE BLVD.  
                  SUITE 203  
City-State-Zip: WELLINGTON FL 33414

*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:** JENNINE CABANELLAS

MEDICAL DIRECTOR

04/23/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date