

2015 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: No

Name and Address of Current Registered Agent:

MARK B. BOLDSTEIN, P.A.
2700 N. MILITARY TRAIL, SUITE 130
BOCA RATON, FL 33431 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 MGRM
Name GONZALEZ, JUAN G
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: JUAN GONZALEZ

MGR MEMBER

05/01/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date