

**2014 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093634

**Entity Name:** THE CORE CENTERS LLC

**Current Principal Place of Business:**

2500 N. FEDERAL HIGHWAY  
SUITE 103  
FORT LAUDERDALE, FL 33305

**Current Mailing Address:**

2500 N. FEDERAL HIGHWAY  
SUITE 103  
FORT LAUDERDALE, FL 33305 US

**FEI Number:** 46-3237220

**Certificate of Status Desired:** No

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

MOREL, MAUREN  
2500 N. FEDERAL HIGHWAY  
SUITE 103  
FORT LAUDERDALE, FL 33305 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 MRGM  
Name MOREL, MAUREN  
Address 2500 N. FEDERAL HIGHWAY  
SUITE 103  
City-State-Zip: FORT LAUDERDALE` FL 33305

Title MGRM  
Name GOFFMAN, STUART  
Address 2500 N. FEDERAL HIGHWAY  
SUITE 103  
City-State-Zip: FORT LAUDERDALE FL 33305

Title MANAGER  
Name FENTON, CINDY A  
Address 2500 N. FEDERAL HIGHWAY  
SUITE 103  
City-State-Zip: FORT LAUDERDALE FL 33305

*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:** STUART GOFFMAN

**CEO**

**03/10/2014**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date