

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000093898

**Entity Name:** YANA WELLNESS SPA L.L.C.

**Current Principal Place of Business:**

1010 EAST OSCEOLA PKWY  
KISSIMMEE, FL 34744

**Current Mailing Address:**

1010 EAST OSCEOLA PKWY  
KISSIMMEE, FL 34744

**FEI Number:** 46-3122401

**Certificate of Status Desired:** No

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

BAUTE, ANAIS  
1010 EAST OSCEOLA PKWY  
KISSIMMEE, FL 34744 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 BAUTE, ANAIS  
Address 4911 SCENIC VISTA DR  
City-State-Zip: SAINT CLOUD FL 34771

Title MGRM  
Name PABON, DIANA  
Address 1013 ROYAL SAINT GEORGE DR.  
City-State-Zip: ORLANDO FL 32928

*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:** ANAIS J BAUTE

**MGR**

**04/17/2015**

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

\_\_\_\_\_  
Date