## 2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000097904

Entity Name: SUNSET WELLNESS & REHAB CENTER, LLC

FILED
Jan 08, 2017
Secretary of State
CC7352510156

## **Current Principal Place of Business:**

7000 SW 97 AVE STE 120 MIAMI, FL 33173

# **Current Mailing Address:**

7000 SW 97 AVE STE 120 MIAMI, FL 33173

FEI Number: 46-3156979 Certificate of Status Desired: No

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

SCHMER, ANDREW 7000 SW 97 AVE STE 120 MIAMI, FL 33173 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 SCHMER, ANDREW

Address 7000 SW 97 AVE STE: 120

City-State-Zip: MIAMI FL 33173

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.

**MGR**