

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000144162

Entity Name: CUBA WELLNESS ADVENTURES LLC

Current Principal Place of Business:

51 PINE STREET
ATLANTIC BEACH, FL 32233

Current Mailing Address:

51 PINE STREET
ATLANTIC BEACH, FL 32233 US

FEI Number: 46-3981805

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LEGALINC CORPORATE SERVICES INC
841 PRUDENTIAL DRIVE 12TH FLOOR
JACKSONVILLE, FL 32207 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 RODRIGUEZ GIL, MOISES
Address 1365 NEILSON ST
City-State-Zip: BERKELEY CA 94702

Title MGRM
Name MARKS, SHOSHANNA
Address 1365 NEILSON ST
City-State-Zip: BERKELEY CA 94702

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: SHOSHANNA MARKS

DIRECTOR

02/03/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date