

**2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000158143

**Entity Name:** NATURAL HEALING AND RESTORATION INSTITUTE L.L.C.

**Current Principal Place of Business:**

12555 BISCAYNE BLVD. #967  
NORTH MIAMI, FL 33181

**Current Mailing Address:**

12555 BISCAYNE BLVD. #967  
NORTH MIAMI, FL 33181

**FEI Number:** 46-4086448

**Certificate of Status Desired:** No

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

JOSEPH, KENNETH  
7649 N.W. 3 AVE  
MIAMI, FL 33150 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	PRES	Title	SECR
Name	JOSEPH, KENNETH	Name	HENRY, PATRICIA
Address	7649 N.W. 3 AVE	Address	7649 N.W. # AVE
City-State-Zip:	MIAMI FL 33150	City-State-Zip:	MIAMI FL 33150

*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:** KENNETH JOSEPH

**PRESIDENT**

**07/04/2016**

Electronic Signature of Signing Authorized Person(s) Detail

Date