

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000073150

**Entity Name:** ONE WISE LOVE LLC

**Current Principal Place of Business:**

340 WEST FLAGLER STREET  
APT #3003  
MIAMI, FL 33130

**FILED**  
**Feb 10, 2017**  
**Secretary of State**  
**CC3385408032**

**Current Mailing Address:**

2655 S. LE JEUNE RD.  
SUITE 805  
CORAL GABLES, FL 33134 US

**FEI Number:** 47-1312880

**Certificate of Status Desired:** No

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

BOUNDS, BRUCE M  
2655 S. LE JEUNE RD.  
SUITE 805  
CORAL GABLES, FL 33134 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            AMBR  
Name            BOUNDS, SONIA  
Address        15671 SW 144TH AVE.  
City-State-Zip: MIAMI FL 33177

Title            AMBR  
Name            BOUNDS, BRYCE  
Address        3241 RIVIERA DR  
City-State-Zip: CORAL GABLES FL 33134

*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:** BRYCE W. BOUNDS

AMBR

02/10/2017

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

\_\_\_\_\_  
Date