

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000164657

**FILED**  
**Mar 16, 2015**  
**Secretary of State**  
**CC7542158976**

**Entity Name:** WELLNESS FROM THE SOUTH LLC

**Current Principal Place of Business:**

2761 VISTA PARKWAY, STE E4 #251  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

2761 VISTA PARKWAY, STE E4 #251  
WEST PALM BEACH, FL 33411

**FEI Number:** 30-0844440

**Certificate of Status Desired:** No

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

SUPERBIZ REGISTERED AGENT, INC.  
2761 VISTA PARKWAY, STE E4  
WEST PALM BEACH, FL 33411 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 SPIRITOSO, FERNANDO PABLO  
Address SAN ROQUE 3151  
City-State-Zip: CIUADELA BA 1702

Title AMBR  
Name SPIRITOSO, GUIDO MARTIN  
Address JUAN BAUTISTA ALBERDI 1815  
City-State-Zip: CIUDAD AUTONOMA BUENOS AIRES  
- 1406

*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:** FERNANDO PABLO SPIRITOSO

MR.

03/16/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date