

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000190695

Entity Name: THE WELLNESS HABITAT COMPANY LLC

Current Principal Place of Business:

3971 SW 8TH STREET
SUITE 305
MIAMI, FL 33134-2951

Current Mailing Address:

PO BOX 612317
NORTH MIAMI BEACH, FL 33261 US

FEI Number: 30-0862840

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RAFAEL E. SOSA, P.A.
3971 SW 8TH STREET
SUITE 305
MIAMI, FL 33134-2951 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 THORNE, ROBERT
Address PO BOX 612317
City-State-Zip: NORTH MIAMI BEACH FL 33261

Title MGR
Name MACHAEN, PERLA
Address PO BOX 612317
City-State-Zip: NORTH MIAMI BEACH FL 33261

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: ROBERT THORNE

MANAGING MEMBER

05/01/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date