

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000190695

Entity Name: THE WELLNESS HABITAT COMPANY LLC

Current Principal Place of Business:

444 BRICKELL AVE
760
MIAMI, FL 33131

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
305
MIAMI, 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	MGR	Title	MGR
Name	THORNE, ROBERT	Name	MACHAEN, PERLA
Address	444 BRICKELL AVE, 760	Address	444 BRICKELL AVE, 760
City-State-Zip:	MIAMI FL 33131	City-State-Zip:	MIAMI FL 33131

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: PERLA MACHAEN

MGR

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date