

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L15000153187

Entity Name: TROPICAL WELLNESS CENTER HOTEL, LLC

Current Principal Place of Business:

4700 DIXIE HWY NE
PALM BAY, FL 32905

Current Mailing Address:

4700 DIXIE HWY NE
PALM BAY, FL 32905 US

FEI Number: 47-5043859

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WEINTRAUB, JAMES L
470 HARDWOOD PL
BOCA RATON, FL 33431 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 MAHLER, DAVID
Address 141 NE 20TH ST F #7
City-State-Zip: BOCA RATON FL 33431

Title AMBR
Name STEIN, LEE
Address 141 NE 20TH ST F #7
City-State-Zip: BOCA RATON FL 33431

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: LEE STEIN

AMBR

04/30/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date