

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000189565

**Entity Name:** WELLNESX LLC

**Current Principal Place of Business:**

7791 NW 46TH STREET  
SUITE 219  
DORAL, FL 33166

**Current Mailing Address:**

7791 NW 46TH STREET  
SUITE 219  
DORAL, FL 33166 US

**FEI Number:** 38-4016464

**Certificate of Status Desired:** No

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

RESTREPO, FEDERICO  
7791 NW 46TH STREET  
SUITE 219  
DORAL, FL 33166 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:** FEDERICO RESTREPO

04/26/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           RESTREPO, FEDERICO  
Address        7791 NW 46TH STREET, STE 219  
City-State-Zip: DORAL  33166

Title           MANAGER  
Name           ALVAREZ, AMADO  
Address        7791 NW 46TH STREET  
                  SUITE 219  
City-State-Zip: DORAL FL 33166

*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:** AMADO ALVAREZ

MANAGER

04/26/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date