

**2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000197032

**Entity Name:** RECONNECT MIND BODY HEART, LLC

**Current Principal Place of Business:**

COUVOISIER CENTER  
601 BRICKELL KEY DRIVE 7TH FLOOR  
MIAMI, FL 33131

**Current Mailing Address:**

COUVOISIER CENTER  
601 BRICKELL KEY DRIVE 7TH FLOOR  
MIAMI, FL 33131 US

**FEI Number:** 81-4343862

**Certificate of Status Desired:** No

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

BOURSIER, BRIGITTE  
COURVOISIER CENTER  
601 BRICKELL KEY DRIVE 7TH FLOOR  
MIAMI, FL 33131 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 BOURSIER, BRIGITTE  
Address 601 BRICKELL KEY DRIVE &TH FLOOR  
City-State-Zip: MIAMI FL 33131

Title MGR  
Name RIBOT, LYDIA  
Address PO BOX 450156  
City-State-Zip: MIAMI FL 33245

Title MGR  
Name GASC, KATHRINE  
Address 750 NE 120TH STREET  
City-State-Zip: MIAMI FL 33161

*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:** LYDIA RIBOT

**PARTNER**

**04/07/2017**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date