

2017 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000214140

Entity Name: WESTON YOGA AND WELLNESS CENTER LLC

Current Principal Place of Business:

2600 GLADES CIRCLE
SUITE 400
WESTON, FL 33327

Current Mailing Address:

2600 GLADES CIRCLE
SUITE 400
WESTON, FL 33327 US

FEI Number: 81-4532796

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SANCHEZ, CAROLINA
4745 GRAPEVINE WAY
DAVIE, FL 33331 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 SANCHEZ, CAROLINA
Address 4745 GRAPEVINE WAY
City-State-Zip: DAVIE FL 33331

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: CAROLINA SANCHEZ _____

OWNER

02/14/2017

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date