

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000219430

**Entity Name:** REFLECTIONS WELLNESS CENTER LLC

**Current Principal Place of Business:**

6848 STIRLING RD  
HOLLYWOOD, FL 33024

**Current Mailing Address:**

6848 STIRLING RD  
HOLLYWOOD, FL 33024 US

**FEI Number:** 81-4598857

**Certificate of Status Desired:** No

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

CRUSER, GEORGE E JR  
6848 STIRLING RD  
HOLLYWOOD, FL 33024 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:** GEORGE E CRUSER JR

01/04/2019

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name CRUSER, GEORGE E JR.  
Address 6848 STIRLING RD  
City-State-Zip: HOLLYWOOD FL 33024

Title AMBR  
Name CRUSER, LYNN K  
Address 6820 OLD STAGE RD  
City-State-Zip: ROCKVILLE MD 20852

*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:** GEORGE CRUSER

CEO

01/04/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date