

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000173528

**Entity Name:** EBODY SOUTH BEACH, LLC

**Current Principal Place of Business:**

1643 BRICKELL AVE  
4302  
MIAMI, FL 33129

**Current Mailing Address:**

1643 BRICKELL AVE  
4302  
MIAMI, FL 33129 US

**FEI Number:** 82-2535803

**Certificate of Status Desired:** No

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

BOUZLD, MUSTAPHA  
1643 BRICKELL AVE  
4302  
MIAMI, FL 33129 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 CFO  
Name BOUZID, MUSTAPHA  
Address 1643 BRICKELL AVE  
4302  
City-State-Zip: MIAMI FL 33129

Title CFO  
Name BOUZID, MUSTAPHA  
Address 1643 BRICKELL AVE  
4302  
City-State-Zip: MIAMI FL 33129

Title PRESIDENT  
Name AVILES IRIGOYEN, JORGE CARLOS  
Address 1643 BRICKELL AVE  
4302  
City-State-Zip: MIAMI FL 33129

Title CEO  
Name GARCIA MACARI, GERARDO  
Address 1643 BRICKELL AVE  
4302  
City-State-Zip: MIAMI FL 33129

Title VP  
Name VILLAMIL RODRIGUEZ, JUAN FRANCISCO  
Address 1643 BRICKELL AVE  
4302  
City-State-Zip: MIAMI FL 33129

*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:** BOUZID , MUSTAPHA

**MGR**

**03/21/2019**

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

\_\_\_\_\_  
Date