

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000255376

**Entity Name:** LIFE WELLNESS EAST, LLC

**Current Principal Place of Business:**

22143 HOLLYHOCK TRAIL  
BOCA RATON, FL 33433

**Current Mailing Address:**

22143 HOLLYHOCK TRAIL  
BOCA RATON, FL 33433 UN

**FEI Number:** 83-2466830

**Certificate of Status Desired:** No

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

PETROVER, ZACHARY  
22143 HOLLYHOCK TRAIL  
BOCA RATON, FL 33433 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	Title	MGR
Name	PETROVER, ZACHARY	Name	MEDINA, ADAM
Address	22143 HOLLYHOCK TRAIL	Address	17350 NE 12TH COURT
City-State-Zip:	BOCA RATON FL 33433	City-State-Zip:	MIAMI FL 33162

*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:** ZACHARY PETROVER

MGR

01/27/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date