

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000030695

**FILED**  
**Apr 14, 2012**  
**Secretary of State**

**Entity Name:** BLUE WATERS HOLISTIC CENTER, LLC

**Current Principal Place of Business:**

18503 PINES BLVD STE 309  
PEMBROKE PINES, FL 33029

**New Principal Place of Business:**

**Current Mailing Address:**

18503 PINES BLVD STE 309  
PEMBROKE PINES, FL 33029

**New Mailing Address:**

**FEI Number:** 20-0158292

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

JOSEPH K. NOFIL, P.A.  
3284 NORTH STATE ROAD 7  
LAUDERDALE LAKES, FL 33319 US

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

JOSEPH K. NOFIL, P.A.  
8217 WEST ATLANTIC BLVD  
CORAL SPRINGS, FL 33071 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:** JOSEPH K NOFIL

04/14/2012

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** TANCREDITO, ORTEGA  
**Address:** 17340 SW 33RD LANE  
**City-St-Zip:** MIRAMAR, FL 33029

**Title:** MGR  
**Name:** MORALES, MERCEDES  
**Address:** 12650 NW 78TH MANOR  
**City-St-Zip:** PARKLAND, FL 33076

**Title:** MGR  
**Name:** PINEDA, JOSEPHINE  
**Address:** 17340 SW 33RD LANE  
**City-St-Zip:** MIRAMAR, FL 33029

I hereby certify that the information indicated on this 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 608, Florida Statutes.

**SIGNATURE:** JOSEPHINE PINEDA

MNGR

04/14/2012

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date