

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L03000044311

**FILED**  
**May 01, 2011**  
**Secretary of State**

**Entity Name:** ESMERLYN'S HEALTH ACADEMY L.L.C.

**Current Principal Place of Business:**

1190 NW 83RD AVE  
CORAL SPRINGS, FL 33071

**New Principal Place of Business:**

**Current Mailing Address:**

1190 NW 83RD AVE  
CORAL SPRINGS, FL 33071 67

**New Mailing Address:**

1190 NW 83RD AVE  
CORAL SPRINGS, FL 33071

**FEI Number:** 52-2436094

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

WYNTER, BERNICE  
1190 NW 83 AVE  
CORAL SPRINGS, FL 33071 US

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

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

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** WYNTER, BERNICE  
**Address:** 1190 NW 83 AVE  
**City-St-Zip:** CORAL SPRINGS, FL 33071

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:** BERNICE WYNTER

MGR

05/01/2011

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