

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 18, 2007 8:00 am
Secretary of State

05-18-2007 90222 018 ****55.00

DOCUMENT # L05000027170

1. Entity Name
SCIENTIFIC WELLNESS SOLUTIONS, L.L.C.



40116663

Principal Place of Business
1250 SOUTH MIAMI AVENUE
SUITE 1614
MIAMI, FL 33130 US

Mailing Address
7105 SOUTHWEST 8 STREET
SUITE 306
MIAMI, FL 33144 US

2. Principal Place of Business - No P.O. Box #
3180 CORAL WAY

3. Mailing Address

Suite, Apt. #, etc.
1101

Suite, Apt. #, etc.

05012007 Chg-LLC CR2E083 (12/06)

City & State
MIAMI, FLORIDA

City & State

4. FEI Number
20-2806847

Applied For
Not Applicable

Zip
33145

Country

Zip

Country

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ARIAS, FABIOLA
7105 SOUTHWEST 8 STREET
SUITE 306
MIAMI, FL 33144

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ELIAM, JORGE E
1250 SOUTH MIAMI AVENUE SUITE 1614
MIAMI, FL 33130 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
3180 CORAL WAY STE 1101
MIAMI, FLORIDA 33145 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

050107 305-226-3443

Date

Daytime Phone #