## 2007 LIMITED LIABILITY COMPANY

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

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Principal Place of Business 1250 SOUTH MIAM AVENUE SUITE 1614 MAMI, FL 33130 US  A Mailing Address 7105 SOUTHWEST 8 STREET SUITE 306 MAMI, FL 33144 US  2. Principal Place of Business - No P.O. Box # 3 No Bing Address 3100 Coroll Note: Suite, Apt. #, etc. 1101 City & State City	DOCUMENT # L05000027170  1. Entity Name SCIENTIFIC WELLNESS SOLUTIONS, L.L.C.								05-18-200	(7 9022)	2 018 ****	55.00
SUITE 306 MIAMI, FL 33130 US MIAMI, FL 33144 US  2. Principal Pface of Business - No P.O. Box # 3180 COPPOL WOY  Suite, Apt. #, etc.	Principal Pla	ce of Business	Mailing Address				!	401	16663			
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Suite, Apt. #, etc.   1				US			. H		BBIEL BYLL BBIY BBIY A	ten <b>na</b> nn eenn	: 1882)    1881   1884   188	<b>1381</b>
City & State  Country  City  Country  City  Country  S. Certificate of Status Desired  Fee Required  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:  Filling Fee is \$50.00  Due by May 1, 2007  Filling Fee is \$50.00  Due by May 1, 2007  Filling Fee is \$50.00  Make check payable to Florida Department of State  Filling Fee is \$50.00  Make check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Filling Fee is \$50.00  Make Check payable to Florida Department of State  Fill	318	o coral way	3. Mailing Address									
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Signature   Sign	City & Sta	imi, FLOVIDO	City & State								<b>⊢</b>	<del></del>
ARIAS, FABIOLA 7105 SOUTHWEST 8 STREET SUITE 306 MIAMI, FL 33144  City  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 and bile if applicable.  (NOTE, Registered Agent signature required when remaining)  DATE  Filling Fee is \$50.00 Due by May 1, 2007  Make check payable to Florida Department of State  9. MANAGING MEMBERS/MANAGERS  TITLE NAME ELIAM, JORGE E 1250 SOUTH MIAMI AVENUE SUITE 1614  MIAMI, FL 33130  Delete  TITLE NAME Delete  TITLE NAME Delete TITLE NAME SIRRET ADDRESS CITY-SI-Zip TITLE NAME NAME Delete TITLE NAME NAME CITY-SI-Zip NAME CITY-SI-Zip TITLE NAME NAME Delete TITLE NAME NAME CITY-SI-Zip NAME CITY-SI-Zip TITLE NAME NAME NAME CITY-SI-Zip NAME CITY-SI-Zip NAME NAME NAME NAME NAME CITY-SI-Zip NAME NAME NAME NAME NAME NAME NAME NAME	Zip	Country	Zip	Count	ry						\$5.00 Add	litional
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SUITE 306 MIAMI, FL 33144  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, System or printed name of registered agent and billed applicable. (NOTE Registered Agent signature required when reinstating)  9. MANAGING MEMBERS / MANAGERS  10. ADDITIONS / CHANGES  11/12  MARE  ELIAM, JORGE E  STREET ADDRESS  CITY-SI-ZIP  MIAMI, FL 33130  Delete  11/12  Delete  11/12  MAME  STREET ADDRESS  STREET												
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11. Thereby 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.	indicated	I on this report is the and accurate and ti	nat my signature shall have.	the same	legal effe	ct as if ma	ade und	ier oath:	: that I am a mana	urther cer ging mem	ify that the infor	rmation r of the