

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000040165

FILED
Apr 29, 2008
Secretary of State

Entity Name: EQUILIBRIUM WELLNESS CENTER, LLC

Current Principal Place of Business:

50 ANTILLA AVENUE, SUITE 4
CORAL GABLES, FL 33134

New Principal Place of Business:

Current Mailing Address:

50 ANTILLA AVENUE, SUITE 4
CORAL GABLES, FL 33134

New Mailing Address:

FEI Number: 59-3803965

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 US

Name and Address of New Registered Agent:

LACAYO, AMALIA
50 ANTILLA AVE
#4
CORAL GABLES, FL 33134 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: AMALIA LACAYO

04/29/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: LACAYO, AMALIA
Address: 50 ANTILLA AVENUE, SUITE 4
City-St-Zip: CORAL GABLES, FL 33134

Title: T () Delete
Name: LACAYO, AMALIA
Address: 50 ANTILLA AVENUE, SUITE 4
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further 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: AMALIA LACAYO

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04/29/2008

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