

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 18, 2008 8:00 am
Secretary of State

03-18-2008 90174 026 ***138.75

DOCUMENT # L05000041616 1. Entity Name THE WOMEN'S WELLNESS CENTER OF SOUTH FLORIDA LLC			
Principal Place of Business 5901 COLONIAL DRIVE SUITE 303 MARGATE, FL 33063		Mailing Address 2800 E. COMMERCIAL DRIVE SUITE 208 FT. LAUDERDALE, FL 33308	
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address 13900 S. JOG ROAD # 203-276 DELRAY BEACH, FL 33446 USA	
6. Name and Address of Current Registered Agent KATZ, ALLEN H 2800 E COMMERCIAL BLVD STE 208 SUITE 208 FT. LAUDERDALE, FL 33308		7. Name and Address of New Registered Agent ALLEN H KTAZ, P.A. 13900 S. JOG ROAD # 203-376 DELRAY BEACH 33446	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75		Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOMON, TARA A DR. 5901 COLONIAL DR STE 303 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SOLOMON, SHARYN 5901 COLONIAL DR STE 303 MARGATE, FL 33063 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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: X

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

TARA SOLOMON

Date

2/3/108

Daytime Phone #

2954-984-8892

60015610



03042008 Chg-LLC CR2E083 (12/06)

4. FEI Number Applied For
51-0545717 Not Applicable

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

L Zip Code