

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 09, 2008 08:00 AM
Secretary of State

DOCUMENT # E06000101447

1. Entity Name
HALCYON WELLNESS CENTRE LLC



Principal Place of Business
**3767 LAKE WORTH ROAD-SUITE 106
LAKE WORTH, FL 33461**

Mailing Address
**9165 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437**



02042008 No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

4. FEI Number
03-0609025

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**MALEK, NADIA R DR.
9165 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437**

**DO NOT WRITE
IN THIS SPACE**

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 _____

**FILE NOW!!! FEE IS \$138.75
After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
MALEK, NADIA R DR.
9165 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
**MGR
SANTONI, PATRICIA A
9165 COVE POINT CIRCLE
BOYNTON BEACH, FL 33437**

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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000000000004
04/22/08-80022-019 138.75

**DO NOT WRITE
IN THIS SPACE**

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: Patricia A. Santoni

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

2/5/08 954.415-6974

Date

Daytime Phone #