2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 05, 2008 8:00 am
Secretary of State
01-22-2008 90117 004 ***138 75

DOCUMENT # L07000013407 1. Entity Name DEVORA WELLNESS, LLC							01-22-2008	3 90117 00)4 ***138	3.75
Principal Place of Business 255 ALHAMBRA CIRCLE, SUITE 550 CORAL GABLES, FL 33134			Mailing Address 255 ALHAMBRA CIRCLE, SUITE 550 CORAL GABLES, FL 33134			30001242				
2. Principal P	lace of Busin	ness - No P.O. Box #	3. Mailing Address							
Suite, Apt. #, etc.			Suite, Apt. #, etc.			03032008	Chg-LLC	CR2E0	83 (12/06)	•
City & State			City & State		4. FEI Numb	oer 383305		No	plied For t Applicable	
Zip	-,	Country	Zip	Coun	ntry -	5. Certificat	e of Status Desired		\$5.00 Add Fee Require	
· ·	6. Name	and Address of Current R	tegistered Agent			7. Name an	d Address of New	Registered A	gent	
SPIEGEL	& LITPED	Δ D Δ			Name					
1840 SW 2 4TH FLOO	22ND ST. OR				Street Address	P.O. Box Numl	ber is Not Acceptal	ble)		
MIAMI, FL	33145				City			FL	Zip Code	9
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										
After May		FEE IS \$138.75 Fee will be \$538.75					Flori	ake check p da Departm	ent of State	
9.	Mana	MANAGING MEMBER		10.			ADDITION	S/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	COHEN, MICHAEL S. 255 Alhambra Circle, #550				l l				☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		l l				Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete						Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP			□ Delete						Change	Addition
NAMÉ STREET ADDRESS CITY-ST-ZIP		<u>:</u>	Delete						☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	·		☐ Delete	CIFY	E ET ADDRESS -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 fuster empowered to execute this report as required by Chapter 608, Florida Statutes.										
SIGNAT	URE:	MID TYPED OR PRINTED NAME OF	SIGNING MANAGING MEMBER, MAN	IAGER, OR	AUTHORIZED REPRESE	ENTATIVE	2/29/68 Date	(305)	448 —	7676
	_//									1

1/22/2008-90117-004-\$138.75-\$138.75

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L07000013407 ATTACHMENT **DEVÓRA WELLNESS, LLC** Principal Place of Business Mailing Address 255 ALHAMBRA CIRCLE, SUITE 550 255 ALHAMBIYA CIRCLE, SUITE 550 CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 30001242 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. 4, etc. Suite, Apt. #, etc. 01082008 Chg-LLC CR2E083 (12/06) \ City & State City & State 4. FEI Number Applied For 20- 338 3305 Not Applicable Country Zip \$5.00 Additional 5. Certificate of Status Desired Fee Required 5. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SPIEGEL & UTRERA, P.A. 1840 SW 22ND ST. Street Address (P.O. Box Number is Not Acceptable) 4TH FLOOR MIAMI, FL 33145 City 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 Signeture, typed or printed name of registered agent and title if applicable. Make check payable to make check payable to Florida Department of State FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES TATLE Delete TITLE Change Addition KAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition HALL NAME STREET ADDRESS STREET ADDRESS CITY-SI-7P CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS City-SI-ZiP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP MILE O Delete ☐ Change ☐ Addition NAME NALE STREET ADDRESS STREET ADDRESS CITY_\$1.719 CITY-ST-ZIP 11. Thereby certify that the information supplied with this tilling 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 making signature shall have the same legal effect as if made under oals; that I am a managing member or manager of the limited liability company or the feceiver government of the provided by Chapter 608, Florida Statutes. 17/08 SIGNATURE: E AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE