

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L09000023156

**FILED**  
**Mar 21, 2012**  
**Secretary of State**

**Entity Name:** ZOELI WELLNESS & SERVICES LLC

**Current Principal Place of Business:**

1515 A EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301 UN

**New Principal Place of Business:**

**Current Mailing Address:**

12837 NW 23RD STREET  
PEMBROKE PINES, FL 33028 US

**New Mailing Address:**

1515 A EAST LAS OLAS BLVD  
FORT LAUDERDALE, FL 33301 UN

**FEI Number:** 26-4414657

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MARLEY, AMANDA E OWNER  
12837 NW 23RD STREET  
PEMBROKE PINES, FL 33028 US

**Name and Address of New Registered Agent:**

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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**MANAGING MEMBERS/MANAGERS:**

**Title:** MGR  
**Name:** MARLEY, AMANDA E OWNER  
**Address:** 12837 NW 23RD STREET  
**City-St-Zip:** PEMBROKE PINES, FL 33028 US

I hereby 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:** AMANDA MARLEY

MRS

03/21/2012

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