L09000049586

(Requestor's Name)		
(Address)		
(Address)		
(City	//State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		

Office Use Only



300163830583



Malave, Erin M.

L09000049586.

From:

gdlcg@aol.com

Sent:

Thursday, December 24, 2009 10:41 AM

To:

CorpAddressChange

Subject: Address Change

Dear Sir/ Madame:

This is to notify you of a change of address of my LLC Corporation.

<u>Biscavne Wellness Center of South Florida.</u> (has moved to) 909 N.E. 167th Street, Suite 502, North Miami Beach, Fl 33162

My FEIN is 26-4524723

Sincerely, Gerald D. Levine (Owner)