

2011 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L10000005276

FILED
Feb 03, 2011
Secretary of State

Entity Name: RECOVERING WELLNESS,LLC

Current Principal Place of Business:

19227 SW 24 STREET
MIRAMAR, FL 33029

New Principal Place of Business:

10021 PINES BLVD SUITE 104
PEMBROKE PINES, FL 33024

Current Mailing Address:

19227 SW 24 STREET
MIRAMAR, FL 33029

New Mailing Address:

10021 PINES BLVD SUITE 104
PEMBROKE PINES, FL 33024

FEI Number: 27-1836483

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

DOLLY CEDENO
19227 SW 24 STREET
MIRAMAR, FL 33029 US

Name and Address of New Registered Agent:

DOLLY CEDENO
10021 PINES BLVD
SUITE 104
PEMBROKE PINES, FL 33024 US

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: DOLLY CEDENO

02/03/2011

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: P
Name: CEDENO, DOLLY AP
Address: 10021 PINES BLVD SUITE 104
City-St-Zip: PEMBROKE PINES, FL 33024 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: DOLLY CEDENO

P

02/03/2011

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