

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000070825

**FILED**  
**Apr 11, 2012**  
**Secretary of State**

**Entity Name:** SAMA HEALTH & WELLNESS LLC

**Current Principal Place of Business:**

20900 W DIXIE HWY  
AVENTURA, FL 33180

**New Principal Place of Business:**

**Current Mailing Address:**

6511 NOVA DR  
248  
DAVIE, FL 33317

**New Mailing Address:**

**FEI Number:** 27-2982739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

MICHAEL D. WILD, PA  
101 N. PINE ISLAND RD  
201  
PLANTATION, FL 33324 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:** MGRM  
**Name:** WHITE, VIOLET  
**Address:** 6511 NOVA DR #248  
**City-St-Zip:** DAVIE, FL 33317 US

**Title:** MGRM  
**Name:** WHITE, MELVIN  
**Address:** 6511 NOVA DR #248  
**City-St-Zip:** DAVIE, FL 33317

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:** VIOLET WHITE

MGRM

04/11/2012

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