

# **2011 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L10000123875

**FILED**  
**Feb 08, 2011**  
**Secretary of State**

**Entity Name:** JOTHI VITA AYURVEDIC SPA AND WELLBEING CENTER, LLC

**Current Principal Place of Business:**

500 NORTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Principal Place of Business:**

**Current Mailing Address:**

500 NORTH FEDERAL HIGHWAY  
HOLLYWOOD, FL 33020

**New Mailing Address:**

1830 SOUTH OCEAN DRIVE  
APT # 3303  
HALLANDALE, FL 33009

**FEI Number:** 27-4464784

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

KHANI & AUERBACH  
2338 HOLLYWOOD BLVD.  
HOLLYWOOD, FL 33020 US

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

GOMEZ, LUZ M  
1830 SOUTH OCEAN DRIVE  
APT # 3303  
HALLANDALE, FL 33009 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: LUZ M. GOMEZ

02/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: GOMEZ, LUZ M  
Address: 1830 S. OCEAN DRIVE, #3303  
City-St-Zip: HALLANDALE BEACH, FL 33009

Title: MGRM  
Name: MILLER, LIGHT  
Address: 4926 BUCHANAN PLACE  
City-St-Zip: SARASOTA, FL 34231

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: LUZ M. GOMEZ

MGRM

02/08/2011

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