

# **2011 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L10000123875

**FILED**  
**Aug 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:**

1830 SOUTH OCEAN DRIVE  
APT # 3303  
HALLANDALE, FL 33009

**New Mailing Address:**

**FEI Number:** 27-4464784      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired ( )**

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

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

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

PELLEGRINO, 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. PELLEGRINO

08/08/2011

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

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

Title: MGR  
Name: PELLEGRINO, LOUIS  
Address: 1830 S. OCEAN DRIVE #3303  
City-St-Zip: HALLANDALE BEACH, FL 33009

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. PELLEGRINO

MGRM

08/08/2011

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