

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000031498

**FILED**  
**Feb 07, 2012**  
**Secretary of State**

**Entity Name:** PAOLA'S WELLNESS CENTER, LLC

**Current Principal Place of Business:**

4036 WEST 12 AVENUE  
HIALEAH, FL 33012

**New Principal Place of Business:**

4038 WEST 12 AVENUE  
HIALEAH, FL 33012

**Current Mailing Address:**

5755 NW 109 AVENUE APT0 21  
DORAL, FL 33178

**New Mailing Address:**

**FEI Number:** 45-4187208      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**

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

PEREZ, PAOLA  
5755 NW 109 AVENUE APT0 21  
DORAL, FL 33178      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:** MGR  
**Name:** PEREZ, PAOLA  
**Address:** 5755 NW 109 AVE. APT0 21  
**City-St-Zip:** DORAL, FL 33178

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: PAOLA PEREZ

MGR

02/07/2012

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