

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000061639

Entity Name: BMS WELLNESS, LLC

**FILED**  
**Apr 17, 2012**  
**Secretary of State**

## **Current Principal Place of Business:**

201 ALHAMBRA CIRCLE, SUITE 601  
C/O ARNSTEIN & LEHR LLP  
CORAL GABLES, FL 33134 US

## **New Principal Place of Business:**

4975 N. KENDALL DRIVE  
MIAMI, FL 33156 US

## **Current Mailing Address:**

201 ALHAMBRA CIRCLE, SUITE 601  
C/O ARNSTEIN & LEHR LLP  
CORAL GABLES, FL 33134 US

## **New Mailing Address:**

4975 N. KENDALL DRIVE  
MIAMI, FL 33156 US

FEI Number: 45-2399886

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

DREYFUSS, KENNETH R  
201 ALHAMBRA CIRCLE, SUITE 601  
C/O ARNSTEIN & LEHR LLP  
CORAL GABLES, FL 33134 US

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

DE LA CUESTA, ANGELA  
4975 N. KENDALL DRIVE  
MIAMI, FL 33156 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: ANGELA DE LA CUESTA

04/17/2012

Electronic Signature of Registered Agent

Date

## **MANAGING MEMBERS/MANAGERS:**

Title: MGR  
Name: JAAR, ROGER  
Address: 4975 N. KENDALL DRIVE  
City-St-Zip: MIAMI, FL 33156 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: ROGER JAAR

MGR

04/17/2012

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