

# **2012 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L11000104661

Entity Name: RENEW WELLNESS LLC

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

**Current Principal Place of Business:**

98 S. FEDERAL HIGHWAY  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

98 S. FEDERAL HIGHWAY  
BOCA RATON, FL 33432

**New Mailing Address:**

FEI Number: 45-3232866

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

MITCHELL, KIMBERLY  
98 S. FEDERAL HIGHWAY  
BOCA RATON, FL 33432 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: GUERRERO, LOLA M  
Address: 98 S. FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM  
Name: MITCHELL, KIMBERLY  
Address: 98 S. FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

Title: MGRM  
Name: BARLOW, DOUGLAS  
Address: 98 S. FEDERAL HIGHWAY  
City-St-Zip: BOCA RATON, FL 33432

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: KIMBERLY MITCHELL

MGMR

01/11/2012

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