

# 2012 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000107199

**FILED**  
**Jun 12, 2012**  
**Secretary of State**

**Entity Name:** SENIOR WELLNESS SOLUTIONS, LLC

**Current Principal Place of Business:**

320 WEST 46TH STREET  
MIAMI BEACH, FL 33140 US

**New Principal Place of Business:**

1000 5TH STREET  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

320 WEST 46TH STREET  
MIAMI BEACH, FL 33140 US

**New Mailing Address:**

FEI Number: 45-3367648      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

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

WOLKOV, BENJAMIN  
FOUR SEASONS TOWER, 1441 BRICKELL AVENUE  
15TH FLOOR  
MIAMI, FL 33131 US

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

ZUCKERMAN, STEVEN  
320 W46TH STREET  
MIAMI BEACH, FL 33140 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: STEVEN ZUCKERMAN      06/12/2012  
\_\_\_\_\_  
Electronic Signature of Registered Agent      Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM  
Name: ZUCKERMAN, STEVEN B  
Address: 320 WEST 46TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

Title: MGRM  
Name: SNYDER, AVEREL B  
Address: 320 WEST 46TH STREET  
City-St-Zip: MIAMI BEACH, FL 33140

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: STEVEN ZUCKERMAN      MGRM      06/12/2012  
\_\_\_\_\_  
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date