

2014 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L11000138940

FILED
Mar 19, 2014
Secretary of State

Entity Name: WELLNESS FOR LIFE CARIBBEAN LLC

Current Principal Place of Business:

600 GRAPETREE DR, 7BN
KEY BISCAYNE, FL 33149

New Principal Place of Business:

Current Mailing Address:

P.O. BOX 491423
KEY BISCAYNE, FL 33149

New Mailing Address:

FEI Number: 45-4127575

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

MESTRE, ALBERTO E
600 GRAPETREE DR. 7BN
KEY BISCAYNE, FL 33149 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: ALBERTO E MESTRE

Electronic Signature of Registered Agent

Date

AUTHORIZED PERSONS:

Title: MGR
Name: MESTRE, ALBERTO E
Address: P.O. BOX 491423
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM
Name: MESTRE, ABEL A
Address: P.O. BOX 491423
City-St-Zip: KEY BISCAYNE, FL 33149

Title: MGRM
Name: MESTRE, VICTOR A
Address: P.O. BOX 491423
City-St-Zip: KEY BISCAYNE, FL 33149

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 authorized to execute this report as required by Chapter 605, Florida Statutes.

SIGNATURE: ALBERTO E MESTRE

MGR

03/19/2014

Electronic Signature of Authorized Person

Date