

L 16000219430

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

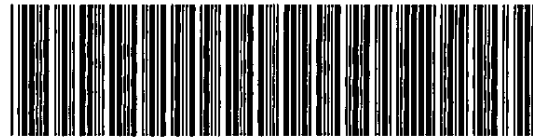
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY 30 AM 10:34

M. MILLIGAN  
MAY 31 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 16, 2017

GEORGE E CRUSER JR.  
6848 STIRLING RD  
HOLLYWOOD, FL 33024

SUBJECT: REFLECTIONS WELLNESS CENTER LLC  
Ref. Number: L16000219430

We have received your document for REFLECTIONS WELLNESS CENTER LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 517A00009703

\*  
*Enclosed please find the correct form.*

*Thank you*

RECEIVED

2017 MAY 30 AM 11:51

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** REFLECTIONS WELLNESS CENTER LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

GEORGE E CRUSER JR

Name of Person

REFLECTIONS WELLNESS CENTER LLC

Firm/Company

6848 STIRLING RD

Address

HOLLYWOOD, FL 33024

City/State and Zip Code

gcruser@rwcflorida.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

GEORGE CRUSER

Name of Person

at ( 301 ) 461-2184

Area Code & Daytime Telephone Number

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**Enclosed is a check for the following amount:**

☐ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR  
LIMITED LIABILITY COMPANY**

Pursuant to the provisions of sections 605.0114 or 605.0116, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. Name of the limited liability company: REFLECTIONS WELLNESS CENTER LLC

2. (a) 6848 STIRLING RD (b) 6848 STIRLING RD

Principal office address of limited liability company:

(Note: **MUST BE STREET ADDRESS**)

HOLLYWOOD, FL 33024

Mailing address of limited liability company:

(Note: **MAY BE POST OFFICE BOX**)

HOLLYWOOD, FL 33024

3. DEC 05, 2016 4. L16000219430

Date of filing/registration in Florida

Document number

5. (a) GEORGE E CRUSER JR  
Registered Agent and Registered Office shown on the records of the Florida Dept. of State:

Registered Office Address (**MUST BE FLORIDA STREET ADDRESS**)

2631 E ATLANTIC BLVD # 1113  
POMPANO BEACH, FL 33062

(b) GEORGE E CRUSER JR  
Enter name of **NEW Registered Agent** and/or **NEW Registered Office address**:

6848 STIRLING RD  
**NEW Registered Office Address:**

HOLLYWOOD, FL 33024

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

George Eluser Jr. MEMBER  
Signature of a member or authorized representative of a member

GEORGE E CRUSER JR  
Printed or typed name of signee

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

George Eluser Jr.  
Signature of Registered Agent

Division of Corporations • P.O. Box 6327 • Tallahassee, FL 32314  
FILING FEE: \$25.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
17 MAY 30 AM 10:36