2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 17, 2015
Secretary of State
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Entity Name: BLUE WATERS HOLISTIC CENTER, LLC

Current Principal Place of Business:

18503 PINES BLVD STE 309
PEMBROKE PINES, FL 33029

Current Mailing Address:

18503 PINES BLVD STE 309
PEMBROKE PINES, FL 33029

FEI Number: 20-0158292

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JOSEPH K. NOFIL, P.A.
8217 WEST ATLANTIC BLVD
CORAL SPRINGS, FL 33071 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:

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	TANCREDO, ORTEGA
Address	17340 SW 33RD LANE
City-State-Zip:	MIRAMAR FL 33029

Title	MGR
Name	MORALES, MERCEDES
Address	3305 PINEWALK DRIVE NORTH APT.#103
City-State-Zip:	MARGATE FL 33063

Title	MGR
Name	PINEDA, JOSEPHINE
Address	17340 SW 33RD LANE
City-State-Zip:	MIRAMAR FL 33029

I hereby certify that the information indicated on this report or supplemental 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: PINEDA , JOSEPHINE MANAGER 04/17/2015

Electronic Signature of Signing Authorized Person(s) Detail — Date