

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000103457

**Entity Name:** CHABAN WELLNESS LLC

**Current Principal Place of Business:**

1150 103RD STREET  
APT 1  
BAY HARBOR ISLAND, FL 33154

**Current Mailing Address:**

1150 103RD STREET  
APT 1  
BAY HARBOR ISLAND, FL 33154

**FEI Number:** 46-0776082

**Certificate of Status Desired:** No

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

CHABAN, ALEJANDRO  
1150 103RD STREET  
APT 1  
BAY HARBOR ISLAND, FL 33154 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 MGRM  
Name CHABAN, ALEJANDRO  
Address 1150 103RD STREET APT 1  
City-State-Zip: BAY HARBOR ISLAND FL 33154

*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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** ALEJANDRO CHABAN

**BUSINESS DIRECTOR**

**04/29/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date