## 2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000103457

Entity Name: CHABAN WELLNESS LLC

**Current Principal Place of Business:** 

51 MERRICK WAY

CORAL GABLES, FL 33134

**Current Mailing Address:** 

51 MERRICK WAY

CORAL GABLES. FL 33134 US

FEI Number: 46-0776082 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHABAN, ALEJANDRO 51 MERRICK WAY CORAL GABLES, FL 33134 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

FILED Feb 25, 2015

**Secretary of State** 

CC9453955041

## Authorized Person(s) Detail:

Title MGRM

Name CHABAN, ALEJANDRO Address 51 MERRICK WAY

City-State-Zip: CORAL GABLES FL 33134

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.