

2016 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000103457

Entity Name: CHABAN WELLNESS LLC

Current Principal Place of Business:

657 SOUTH DRIVE
SUITE 403
MIAMI SPRINGS, FL 33166

Current Mailing Address:

657 SOUTH DRIVE
SUITE 403
MIAMI SPRINGS, FL 33166 US

FEI Number: 46-0776082

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CHABAN, ALEJANDRO
657 SOUTH DRIVE
SUITE 403
MIAMI SPRINGS, FL 33166 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 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.

SIGNATURE: ALEJANDRO CHABAN

CEO

04/21/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date