

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000044884

**Entity Name:** UNITED SECURITY ADVISORS, LLC

**Current Principal Place of Business:**

500 NE SPANISH RIVER BLVD,  
SUITE 201-202  
BOCA RATON, FL 33431

**Current Mailing Address:**

500 NE SPANISH RIVER BLVD,  
SUITE 201  
BOCA RATON, FL 33431 US

**FEI Number:** 46-2467649

**Certificate of Status Desired:** No

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

LAUDADIO, JOHN  
210 N. UNIVERSITY DRIVE  
SUITE 404  
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 ML WELLNESS VENTURES  
Address 1000 N. WEST STREET  
SUITE 1200 PMB #1628  
City-State-Zip: WILMINGTON DE 19801

*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:** ISAAC MIMRAN

**AUTHORIZED  
REPRESENTATIVE**

**04/18/2018**

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

\_\_\_\_\_  
Date