

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000083562

Entity Name: BEACH LIFE WELLNESS INSTITUTE, LLC

Current Principal Place of Business:

301 ALBEE ROAD WEST
NOKOMIS, FL 34275

Current Mailing Address:

301 ALBEE ROAD WEST
NOKOMIS, FL 34275

FEI Number: 46-3004683

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DE VETTORI, LANA
301 ALBEE ROAD WEST
NOKOMIS, FL 34275 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 DE VETTORI, LANA
Address 301 ALBEE ROAD WEST
City-State-Zip: NOKOMIS FL 34275

Title MGR
Name DE VETTORI, LUIS
Address 301 ALBEE ROAD WEST
City-State-Zip: NOKOMIS FL 34275

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: LUIS DE VETTORI

OWNER

01/07/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date