

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000006995

**Entity Name:** BENESTAR WELLNESS, LLC

**Current Principal Place of Business:**

8815 S.W. 96TH STREET  
MIAMI, FL 33176

**Current Mailing Address:**

8815 S.W. 96TH STREET  
MIAMI, FL 33176

**FEI Number: 46-4527563**

**Certificate of Status Desired: No**

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

ALGECIRAS, CHRISTINA  
8815 S.W. 96TH STREET  
MIAMI, FL 33176 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 ALGECIRAS, CHRISTINA  
Address 8815 S.W. 96 STREET  
City-State-Zip: MIAMI FL 33176

*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: CHRISTINA ALGECIRAS**

**FOUNDER**

**04/28/2015**

Electronic Signature of Signing Authorized Person(s) Detail

Date