

2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000087984

Entity Name: TOTAL WOMEN WELLNESS CENTER LLC

Current Principal Place of Business:

16400 NW 2ND AVE SUITE 101
SUITE 101
MIAMI, FL 33169-6035

Current Mailing Address:

16400 NW 2ND AVE
SUITE 101
MIAMI, FL 33169-6035 US

FEI Number: 47-0987706

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LANS, JEAN W
16400 NW 2ND AVE
SUITE 101
MIAMI, FL 33169-6035 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 AMGR
Name LANS, JEAN W
Address 16400 NW 2ND AVE
SUITE 101
City-State-Zip: MIAMI FL 33169-6035

Title AMBR
Name LANS, CLONES
Address 16400 NW 2ND AVE
SUITE 101
City-State-Zip: MIAMI FL 33169-6035

Title AMBR
Name TOUSSAINT, THOMAS
Address 16400 NW 2ND AVE
SUITE 101
City-State-Zip: MIAMI FL 33169-6035

Title AMBR
Name JEAN-BAPTISTE, HANS
Address 16400 NW 2ND AVE
SUITE 101
City-State-Zip: MIAMI FL 33169-6035

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: JEAN W LANS

**CHIEF OPERATING
OFFICER**

03/19/2015

Electronic Signature of Signing Authorized Person(s) Detail

Date