

**2015 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000131889

**Entity Name:** JEAN-ELIZABETH INSTITUTE OF AYURVEDA & AYURVEDA  
HOLISTIC WELLNESS CENTER, "LLC"

**FILED**  
**Mar 31, 2015**  
**Secretary of State**  
**CC4417699719**

**Current Principal Place of Business:**

2236 WINSLOW CIRCLE  
CASSELBERRY, FL 32707

**Current Mailing Address:**

2236 WINSLOW CIRCLE  
CASSELBERRY, FL 32707 US

**FEI Number: 90-1008850**

**Certificate of Status Desired: No**

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

HAMILTON REECE, JEAN-ELIZABETH F DR.  
2236 WINSLOW CIRCLE  
CASSELBERRY, FL 32707 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 DR.  
Name HAMILTON REECE, JEAN-ELIZABETH  
F DR.  
Address 2236 WINSLOW CIRCLE  
City-State-Zip: CASSELBERRY FL 32707

*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: HAMILTON REECE, JEAN-ELIZABETH F,.

PRESIDENT/ CEO

03/31/2015

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

\_\_\_\_\_  
Date