2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2019
Secretary of State
0939533079CC

DOCUMENT# L16000044371

Entity Name: FAMILY WELLNESS &ASSOCIATES,LLC

Current Principal Place of Business:

1525 NE 159 ST
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

1998 NE 176 ST
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 81-1446453

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

EXUME, REMOND
1998 NE 176 ST
NORTH MIAMI BEACH, FL 33162 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	AP
Name	EXUME, NICK N
Address	1998 NE 176 ST
City-State-Zip:	NORTH MIAMI BEACH FL 33162

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: NICK-ALDO EXUME AP 03/28/2019

Electronic Signature of Signing Authorized Person(s) Detail — Date