

**2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000094878

**Entity Name:** BEST WELLNESS CENTER, LLC

**Current Principal Place of Business:**

9358 NW 114TH TERRACE  
HIALEAH, FL 33018

**Current Mailing Address:**

9358 NW 114TH TERRACE  
HIALEAH, FL 33018 US

**FEI Number:** 82-1417267

**Certificate of Status Desired:** No

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

BOU, MARIA G  
9358 NW 114TH TERRACE  
HIALEAH, FL 33018 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:** MARIA G BOU

01/12/2018

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AMBR
Name	BOU, MARIA G	Name	BOU, MARIA G
Address	9358 NW 114TH TERRACE	Address	9358 NW 114TH TERRACE
City-State-Zip:	HIALEAH FL 33018	City-State-Zip:	HIALEAH FL 33018

*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:** MARIA G BOU

MGR

01/12/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date