

2018 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L17000132503

Entity Name: DEL VALLE WELLNESS, LLC

Current Principal Place of Business:

7190 SW 87 AVENUE
SUITE 203
MIAMI, FL 33173

Current Mailing Address:

7190 SW 87 AVENUE
SUITE 203
MIAMI, FL 33173

FEI Number: 82-2125188

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DEL VALLE, MONICA
7190 SW 87 AVENUE
SUITE 203
MIAMI, FL 33173 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 MGR
Name DEL VALLE, MONICA
Address 7190 SW 87 AVENUE, SUITE 203
City-State-Zip: MIAMI FL 33173

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: MONICA DEL VALLE

MNGR

03/01/2018

Electronic Signature of Signing Authorized Person(s) Detail

Date