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.

AMBR

SIGNATURE: GABRIELA A CASTRO

Electronic Signature of Signing Authorized Person(s) Detail

FEI Number: 85-2373451

Name and Address of Current Registered Agent:

CASTRO, GABRIELA A 15688 SW 72 ST MIAMI, FL 33193 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

Authorized Person(s) Detail :

Title	AMBR	Title	AMBR
Name	CASTRO, GABRIELA A	Name	MONTES DE OCA, MARIA CRISTINA
Address	15688 SW 72 ST	Address	15688 SW 72 ST
City-State-Zip:	MIAMI FL 33193	City-State-Zip:	MIAMI FL 33193

Current Mailing Address:

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000224658

Entity Name: SUNSET WELLNESS CENTER-FITNESS LLC

Current Principal Place of Business:

15688 SW 72 ST MIAMI, FL 33193

15688 SW 72 ST MIAMI, FL 33193 US

Certificate of Status Desired: No

03/04/2021

Date

FILED Mar 04, 2021 Secretary of State 5092554648CC

Date