

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000327262

**Entity Name:** TOTAL WELLNESS OF AVENTURA LLC

**Current Principal Place of Business:**

20601 E DIXIE HIGHWAY  
360  
AVENTURA, FL 33180

**Current Mailing Address:**

20601 E DIXIE HIGHWAY  
360  
AVENTURA, FL 33180 US

**FEI Number:** 85-3670581

**Certificate of Status Desired:** No

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

PALACIO, ANTHONY  
12002 SW 128 CT  
106  
MIAMI, FL 33186 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            AMBR  
Name            FRAYND, GERMAN  
Address        20601 E DIXIE HIGHWAY #360  
City-State-Zip: AVENTURA FL 33180

Title            AMBR  
Name            FRAYND, ALAN  
Address        20601 E DIXIE HIGHWAY #360  
City-State-Zip: AVENTURA FL 33180

Title            AMBR  
Name            OKSEMBERG, JOSEPH  
Address        20601 E DIXIE HIGHWAY #360  
City-State-Zip: AVENTURA FL 33180

Title            AMBR  
Name            AYALA, IVAN  
Address        20601 E DIXIE HIGHWAY #360  
City-State-Zip: AVENTURA FL 33180

*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:** JOSEPH OKSEMBERG

AMBR

02/03/2021

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

\_\_\_\_\_  
Date