

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000065198

Entity Name: ARDELLREAL WELLNESS LLC**Current Principal Place of Business:**5980 SHORE BLVD S.
808
GULFPORT, FL 33707**Current Mailing Address:**5980 SHORE BLVD S.
808
GULFPORT, FL 33707 US**FEI Number:** 27-0440869**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**GRESKO, DAVID
856 WALNUT STREET
904 UNIT C
BOULDER, COLORADO, FL 80302 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 MGRM
Name ARDELL, DONALD BRUCE
Address 5980 SHORE BLVD S
808
City-State-Zip: GULFPORT FL 33707

Title MGRM
Name ARDELL, JON BRUCE
Address 112 AUBURN STREET
City-State-Zip: SAN RAFAEL CA 94901

Title AMBR
Name GRANT, JEANNE LOUISE
Address 31 MEADOW DRIVE
City-State-Zip: SAN RAFAEL CA 94903

Title AMBR
Name ARDELL, CAROL S
Address 5980 SHORE BLVD #808
City-State-Zip: GULFPORT FL 33707

Title MGRM
Name GRANT, JEANNE ARDELL
Address 31 MEADOW DRIVE
City-State-Zip: SAN RAFAEL CA 94903

Title MGR
Name ARDELL, DONALD B
Address 5980 SHORE BLVD #808
City-State-Zip: GULFPORT FL 33707

Title AMBR
Name ARDELL, JON BRUCE
Address 112 AUBURN ST
City-State-Zip: SAN RAFAEL CA 94901

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: DONALD B. ARDELL**PRESIDENT****02/01/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date