

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L11000140475

Entity Name: WELLINGTON WELLNESS INSTITUTE, LLC

Current Principal Place of Business:

12777 FOREST HILL BLVD.
1502
WELLINGTON, FL 33414

Current Mailing Address:

12777 FOREST HILL BLVD.
SUITE 1502
WELLINGTON, FL 33414 US

FEI Number: 45-4040234

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

CABANELLAS, JENNINE
5446 REYNOLDS RD
LAKE WORTH, FL 33449 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: JENNINE CABANELLAS

02/02/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER, AUTHORIZED MEMBER
Name CABANELLAS MD, JENNINE
Address 12777 FOREST HILL BLVD.
 SUITE 1502
City-State-Zip: WELLINGTON FL 33414

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: CABANELLAS MD , JENNINE

M.D

02/02/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date