

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000075478

Entity Name: ACORN WELLNESS INSTITUTE LLC

Current Principal Place of Business:

510 PERSIMMON RD.
SOPCHOPPY, FL 32358

Current Mailing Address:

510 PERSIMMON RD.
SOPCHOPPY, FL 32358 US

FEI Number: 46-3278047

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

HAYES-CLARK, KAYLAH AUGUST
510 PERSIMMON RD.
SOPCHOPPY, FL 32358 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: KAYLAH HAYES-CLARK

05/01/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title FOUNDER, MGRM
Name HAYES-CLARK, KAYLAH AUGUST
Address 510 PERSIMMON RD.
City-State-Zip: SOPCHOPPY FL 32358

Title AMBR
Name CLARK, COREY HAYES
Address 510 PERSIMMON RD.
City-State-Zip: SOPCHOPPY FL 32358

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: KAYLAH HAYES-CLARK

MGRM

05/01/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date