

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L13000084918

**Entity Name:** FLOURISH CENTRE LLC

**Current Principal Place of Business:**

900 FOX VALLEY DR.  
100  
LONGWOOD, FL 32779

**Current Mailing Address:**

900 FOX VALLEY DR  
100  
LONGWOOD, FL 32779 US

**FEI Number:** 46-3351753

**Certificate of Status Desired:** No

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

WESLEY, PAMELA  
900 FOX VALLEY DR  
100  
LONGWOOD, FL 32779 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 CHAPMAN, CHRISTINA  
Address 900 FOX VALLEY DR  
100  
City-State-Zip: LONGWOOD FL 32779

Title MGRM  
Name WESLEY, PAM  
Address 900 FOX VALLEY DR  
100  
City-State-Zip: LONGWOOD FL 32779

*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:** PAM WESLEY

**OWNER**

**02/07/2024**

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

\_\_\_\_\_  
Date