

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000146690

**Entity Name:** BEYOND WELLNESS SOLUTIONS, LLC

**Current Principal Place of Business:**

1522 W. NORTH B ST  
TAMPA, FL 33606

**Current Mailing Address:**

1522 W. NORTH B STREET  
TAMPA, FL 33606 US

**FEI Number:** 47-1872048

**Certificate of Status Desired:** No

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

FERNANDEZ, NIDIA L  
1522 W. NORTH B STREET  
TAMPA, FL 33606 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:** NIDIA L FERNANDEZ

03/12/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AUTHORIZED REPRESENTATIVE  
Name FERNANDEZ, NIDIA  
Address 305 N. ARMENIA AVENUE  
City-State-Zip: TAMPA FL 33609

*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:** NIDIA FERNANDEZ

AUTHORIZED  
REPRESENTATIVE

03/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date