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.

MANAGER

SIGNATURE: ROBERT THORNE

Electronic Signature of Signing Authorized Person(s) Detail

DOCUMENT# L14000190695 Entity Name: THE WELLNESS HABITAT COMPANY LLC

2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

3971 SW 8TH STREET SUITE 305 MIAMI, FL 33134-2951

Current Mailing Address:

3971 SW 8TH STREET SUITE 305 MIAMI, FL 33134-2951 US

FEI Number: 30-0862840

Name and Address of Current Registered Agent:

RAFAEL E. SOSA, P.A. 3971 SW 8TH STREET SUITE 305 MIAMI, FL 33134-2951 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

Authorized Person(s) Detail :

Authorized Person(s) Detail :			
Title	MGR	Title	MGR
Name	THORNE, ROBERT	Name	MACHAEN, PERLA
Address	3971 SW 8TH STREET SUITE 305	Address	3971 SW 8TH STREET SUITE 305
City-State-Zip:	MIAMI FL 33134-2951	City-State-Zip:	MIAMI FL 33134-2951

FILED
Jun 18, 2020
Secretary of State
3246105464CC

Certificate of Status Desired: No

06/18/2020

Date