

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000004746

**Entity Name:** NOBLE WELLNESS, LLC

**Current Principal Place of Business:**

950 NW 9 CT  
BOCA RATON, FL 33486

**Current Mailing Address:**

950 NW 9TH COURT  
BOCA RATON, FL 33486 US

**FEI Number:** 47-2756057

**Certificate of Status Desired:** No

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

BIRD, DAVID  
200 E. PALMETTO PARK RD, SUITE 108  
BOCA RATON, FL 33432 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 MANAGER  
Name SMITH, ROBERT  
Address 17738 MIDDLEBROOK WAY  
City-State-Zip: BOCA RATON FL 33496

Title MBR  
Name DOUBLE B HEALTH CARE HOLDINGS, LLC  
Address 200 E. PALMETTO PARK RD, SUITE 108  
City-State-Zip: BOCA RATON FL 33432

*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: ROBERT SMITH**

**MANAGER**

**06/10/2020**

Electronic Signature of Signing Authorized Person(s) Detail

Date