

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L15000184003

**Entity Name:** WARRICK WELLNESS MOBILE MASSAGE"LLC"

**Current Principal Place of Business:**

509 8TH AVE. W.  
100  
PALMETTO, FL 34221

**Current Mailing Address:**

6107 68TH DR. E  
PALMETTO, FL 34221 US

**FEI Number:** 81-1757840

**Certificate of Status Desired:** No

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

WARRICK, KELLI M  
6107 68TH DR.E.  
PALMETTO, FL 34221 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:** KELLI M WARRICK

04/27/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name WARRICK, KELLI M  
Address 6107 68TH DR.E.  
City-State-Zip: PALMETTO FL 34221

*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:** KELLI WARRICK

**OWNER**

04/27/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date