

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000121000

**Entity Name:** A PLACE FOR WELLNESS, LLC

**Current Principal Place of Business:**

10011 SEMINOLE BLVD. SUITE A  
SEMINOLE, FL 33772

**Current Mailing Address:**

10011 SEMINOLE BLVD. SUITE A  
SEMINOLE, FL 33772 US

**FEI Number:** 81-3160758

**Certificate of Status Desired:** No

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

GARCIA, FELIX  
8991 98TH AVE  
SEMINOLE, FL 33777 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, AUTHORIZED MEMBER  
Name           GARCIA, FELIX  
Address        8991 98TH AVE  
City-State-Zip: SEMINOLE FL 33777

Title           MANAGER  
Name           DELGADO-BONET, DELIA  
Address        8991 98TH AVE  
City-State-Zip: SEMINOLE FL 33777

*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:** FELIX GARCIA

**MANAGER**

**01/07/2021**

Electronic Signature of Signing Authorized Person(s) Detail

Date