

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000173240

**Entity Name:** REALWELLNESS LLC

**Current Principal Place of Business:**

5001 BRIDGE STREET  
UNIT 1204  
TAMPA, FL 33611

**Current Mailing Address:**

5001 BRIDGE STREET  
UNIT 1204  
TAMPA, FL 33611 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

ANDERSON, ALENA R  
5001 BRIDGE STREET  
UNIT 1204  
TAMPA, FL 33611 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            CEO  
Name            ANDERSON, ALENA  
Address        5001 BRIDGE STREET  
                  UNIT 1204  
City-State-Zip: TAMPA FL 33611

*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:** ALENA ANDERSON

CEO

02/22/2021

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date