

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000199578

**Entity Name:** IN HIS IMAGE WELLNESS, L.L.C.

**Current Principal Place of Business:**

3843 UNION PACIFIC DR. EAST  
JACKSONVILLE, FL 32246

**Current Mailing Address:**

3843 UNION PACIFIC DR. EAST  
JACKSONVILLE, FL 32246 US

**FEI Number:** 81-4328745

**Certificate of Status Desired:** No

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

ROSS, RAYMONICA  
3843 UNION PACIFIC DR. EAST  
JACKSONVILLE, FL 32246 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:** RAYMONICA ROSS

04/19/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name ROSS, RAYMONICA  
Address 3843 UNION PACIFIC DR. EAST  
City-State-Zip: JACKSONVILLE FL 32246

*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:** RAYMONICA ROSS

AMBR

04/19/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date