

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000205620

Entity Name: JOYFUL WELLNESS, LLC

Current Principal Place of Business:

410 NW 4TH ST
GAINESVILLE, FL 32601-5297

Current Mailing Address:

410 NW 4TH ST
GAINESVILLE, FL 32601-5297 US

FEI Number: 81-4392135

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

BETANCOURT, ANGELA
410 NW 4TH ST
GAINESVILLE, FL 32601-5297 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 MGR
Name BETANCOURT, ANGELA M
Address 410 NW 4TH ST
City-State-Zip: GAINESVILLE FL 32601-5297

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: ANGELA BETANCOURT

OWNER

03/08/2019

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date