## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000205620

Entity Name: JOYFUL WELLNESS, LLC

### Current Principal Place of Business:

503 NORTHEAST 4TH AVENUE APT 2 GAINESVILLE, FL 32601

# **Current Mailing Address:**

503 NORTHEAST 4TH AVENUE APT 2 GAINESVILLE, FL 32601 US

## FEI Number: 81-4392135

### Name and Address of Current Registered Agent:

BETANCOURT, ANGELA 503 NORTHEAST 4TH AVENUE APT 2 GAINESVILLE, FL 32601 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

### Authorized Person(s) Detail :

TitleMGRNameBETANCOURT, ANGELA MAddress503 NORTHEAST 4TH AVENUE<br/>APT 2City-State-Zip:GAINESVILLE FL 32601

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.

OWNER

SIGNATURE: ANGELA M BETANCOURT

Electronic Signature of Signing Authorized Person(s) Detail

FILED Feb 13, 2023 Secretary of State 4035308721CC

Certificate of Status Desired: No

Date

02/13/2023 Date