

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L16000211037

Entity Name: CENTRAL FLORIDA WELLNESS, LLC

Current Principal Place of Business:

8081 TURKEY LAKE RD
#650
ORLANDO, FL 32819

Current Mailing Address:

9731 CHESTNUT RIDGE DR
WINDERMERE, FL 34786 US

FEI Number: 81-4381204

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WOLFE FINANCIAL GROUP
1515 INTERNATIONAL PRKWY #1001
LAKE MARY, FL 32746 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 TRACY, CHRISTOPHER
Address 9731 CHESTNUT RIDGE DR
City-State-Zip: WINDERMERE FL 34786

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: CHRISTOPHER TRACY

MGR

04/30/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date