

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000060152

**Entity Name:** THERAHEALTH & WELLNESS LLC

**Current Principal Place of Business:**

631 US HIGHWAY 1  
SUITE 305  
NORTH PALM BEACH, FL 33408

**Current Mailing Address:**

631 US HIGHWAY 1  
SUITE 305  
NORTH PALM BEACH, FL 33408 US

**FEI Number:** 82-0826802

**Certificate of Status Desired:** No

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

HODEL, JONATHAN  
10957 SE HARKEN TERRACE  
TEQUESTA, FL 33469 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:** JONATHAN HODEL

03/11/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HODEL, JONATHAN D  
Address 10957 SE HARKEN TERR  
City-State-Zip: TEQUESTA FL 33469

*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:** JONATHAN HODEL

MGR

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date