

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000060152

**Entity Name:** THERAHEALTH & WELLNESS LLC

**Current Principal Place of Business:**

3918 VIA POINCIANA DR  
SUITE 8  
LAKE WORTH, FL 33467

**Current Mailing Address:**

3918 VIA POINCIANA DR  
SUITE 8  
LAKE WORTH, FL 33467 US

**FEI Number:** 82-0826802

**Certificate of Status Desired:** No

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

TALEFF, ANGELICA  
624 INLET RD  
NORTH PALM BEACH, FL 33408 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	AMBR	Title	AMBR
Name	TALEFF, ANGELICA	Name	HODEL, JONATHAN D
Address	624 INLET RD	Address	10957 SE HARKEN TERR
City-State-Zip:	NORTH PALM BEACH FL 33408	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 D HODEL

AMBR

02/06/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date