

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000135144

**Entity Name:** ZELDA WELLNESS LLC

**Current Principal Place of Business:**

5700 COLINS AVENUE  
12K  
MIAMI BEACH, FL 33140

**Current Mailing Address:**

5700 COLINS AVENUE  
12K  
MIAMI BEACH, FL 33140 US

**FEI Number:** 82-1955633

**Certificate of Status Desired:** No

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

SELDA, SAYGILI  
5700 COLINS AVENUE  
12K  
MAIMI BEACH, FL 33140 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 SAYGILI, SELDA  
Address SELDA SAYGILI  
City-State-Zip: 5700 COLINS AVENUE APT 12K FL  
33140

*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:** SELDA SAYGILI

**MANAGER**

**03/10/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date