

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000161503

**Entity Name:** VIVA WELLNESS & INJURY 2, LLC

**Current Principal Place of Business:**

7780 LAKE UNDERHILL RD  
UNIT 109  
ORLANDO, FL 32822

**Current Mailing Address:**

7780 LAKE UNDERHILL RD.  
UNIT 109  
ORLANDO, FL 32822 US

**FEI Number:** 82-4065807

**Certificate of Status Desired:** No

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

LM ADVISORY GROUP, LLC  
1540 INTERNATIONAL PARKWAY  
SUITE 2000  
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           MANAGER  
Name           VIVA WELLNESS & INJURY, LLC  
Address       7780 LAKE UNDERHILL RD  
                  UNIT 109  
City-State-Zip: ORLANDO FL 32822

*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:** EDWIN MEJIAS

**CFO**

**04/03/2023**

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

\_\_\_\_\_  
Date