

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000085122

Entity Name: BE WELL HEALTH AND WELLNESS CENTER LLC

Current Principal Place of Business:

2549 1ST AVENUE SOUTH
SAINT PETERSBURG, FL 33712

Current Mailing Address:

593 HARTMAN ROAD
WINSTON SALEM, NC 27127 US

FEI Number: APPLIED FOR

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

STATON, KALYN
3034 2ND AVE N
SAINT PETERSBURG, FL 33713 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 STATON, KALYN M
Address 593 HARTMAN RAOD
City-State-Zip: WINSTON SALEM NC 27127

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: KALYN STATON

OWNER

04/10/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date