**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**
**Feb 05, 2025**
**Secretary of State**
**7666648009CC**

DOCUMENT# L18000177926

**Entity Name:** NEW AGE HEALTH AND WELLNESS LLC

**Current Principal Place of Business:**

12773 FOREST HILL BLVD
SUITE 1211
WELLINGTON, FL 33414

**Current Mailing Address:**

12773 FOREST HILL BLVD
SUITE 1211
WELLINGTON, FL 33414 US

**FEI Number: 83-1393423**

**Certificate of Status Desired:** No

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

HASLUP, JOHN D
12773 FOREST HILL BLVD
SUITE 1211
WELLINGTON, FL 33414 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 | SECRETARY |
| Name | TORE, PATRICIA |
| Address | 12773 FOREST HILL BLVD<br>SUITE 1211 |
| City-State-Zip: | WELLINGTON FL 33414 |

*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: PATRICIA TORE SECRETARY 02/05/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date