

2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000193912

Entity Name: SACRED WELLNESS LLC

Current Principal Place of Business:

6865 SW 45 LANE
#1
MIAMI, FL 33155

Current Mailing Address:

6865 SW 45 LANE
#1
MIAMI, FL 33155 US

FEI Number: 83-2649166

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THE JREIGE MANAGEMENT GROUP INC
4035 SW 2ND ST
CORAL GABLES, FL 33134 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: MICHELLE JREIGE

02/14/2019

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AUTHORIZED MEMBER
Name ALVAREZ, ZULAIKA
Address 6865 SW 45 LANE
#1
City-State-Zip: MIAMI FL 33155

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: ZULAIKA ALVAREZ

AUTHORIZED MEMBER

02/14/2019

Electronic Signature of Signing Authorized Person(s) Detail

Date