

**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