

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000236760

**Entity Name:** HEALTH & WELLNESS OF SWF, LLC

**Current Principal Place of Business:**

3401 PELICAN LANDING PKWY  
SUITE 4  
BONITA SPRINGS, FL 34134

**Current Mailing Address:**

3401 PELICAN LANDING PKWY  
SUITE 4  
BONITA SPRINGS, FL 34134 US

**FEI Number:** 83-2217542

**Certificate of Status Desired:** No

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

NOVATT, JEFF ESQ.  
1415 PANTHER LANE  
SUITE 432  
NAPLES, FL 34109 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 MITCHLEY, ELIZABETH A  
Address 3401 PELICAN LANDING PKWY  
SUITE 4  
City-State-Zip: BONITA SPRINGS FL 34134

*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:** ELIZABETH A. MITCHLEY

MGR

01/27/2023

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

\_\_\_\_\_  
Date