

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000247932

**Entity Name:** PURE IV HEALTH & WELLNESS LLC

**Current Principal Place of Business:**

900 NW 13TH STREET  
SUITE 302-2  
BOCA RATON, FL 33486

**Current Mailing Address:**

PO BOX 210921  
ROYAL PALM BEACH, FL 33421 US

**FEI Number:** 83-2316954

**Certificate of Status Desired:** No

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

MILORD, SKYLAR S  
900 NW 13TH STREET  
SUITE 302-2  
BOCA RATON, FL 33486 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            PRESIDENT  
Name            MILORD, SKYLAR S  
Address        900 NW 13TH STREET  
                 SUITE 302-2  
City-State-Zip: BOCA RATON FL 33486

*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:** MILORD, SKYLAR S

**PRESIDENT**

**01/21/2021**

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

\_\_\_\_\_  
Date