

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000270572

**Entity Name:** BURKE THERAPY AND WELLNESS LLC

**Current Principal Place of Business:**

1615 CRESTVIEW DRIVE  
MOUNT DORA, FL 32757

**Current Mailing Address:**

1615 CRESTVIEW DRIVE  
MOUNT DORA, FL 32757 US

**FEI Number: 83-2635776**

**Certificate of Status Desired: No**

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

BURKE THERAPY AND WELLNESS  
3425 LAKE CENTER DRIVE SUITE 4  
MOUNT DORA, FL 32757 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: EVAN BURKE**

**01/27/2022**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            AMBR  
Name            BURKE, EVAN  
Address        1615 CRESTVIEW DRIVE  
City-State-Zip: MOUNT DORA FL 32757

*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: EVAN BURKE**

**OWNER**

**01/27/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date