

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000282065

**Entity Name:** 1821 WELLNESS LANE, LLC

**Current Principal Place of Business:**

1821 WELLNESS LANE  
NEW PORT RICHEY, FL 34655

**Current Mailing Address:**

1821 WELLNESS LANE  
NEW PORT RICHEY, FL 34655 US

**FEI Number:** 83-2805165

**Certificate of Status Desired:** No

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

DOUGLAS, SHAWN DDS  
1821 WELLNESS LANE  
UNITE B  
NEW PORT RICHIE, FL 34655 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            AMBR  
Name            DOUGLAS, SHAWN  
Address        1821 WELLNESS LANE  
City-State-Zip: NEW PORT RICHEY FL 34655

*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:** SHAWN DOUGLAS

**OWNER**

**02/24/2024**

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

\_\_\_\_\_  
Date