

2021 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

PRESIDENT

01/13/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date