

2020 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L19000066592

Entity Name: KALA WELLNESS, LLC

Current Principal Place of Business:

20200 W DIXIE HWY.
SUITE 1105A
AVENTURA, FL 33180

Current Mailing Address:

20200 W DIXIE HWY.
SUITE 1105A
AVENTURA, FL 33180 US

FEI Number: 83-3999121

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PEDROSA, SHARON
20200 W DIXIE HWY.
SUITE 1105A
AVENTURA, FL 33180 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: SHARON PEDROSA

05/20/2020

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PEDROSA, SHARON
Address 20200 W DIXIE HWY STE 11054
City-State-Zip: AVENTURA FL 33180

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: SHARON PEDROSA

05/20/2020

Electronic Signature of Signing Authorized Person(s) Detail

Date