

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000066592

**Entity Name:** KALA WELLNESS, LLC

**Current Principal Place of Business:**

1830 S OCEAN DRIVE  
UNIT # 3006  
HALLANDALE BEACH, FL 33009

**Current Mailing Address:**

1830 S OCEAN DRIVE  
UNIT # 3006  
HALLANDALE BEACH, FL 33009 US

**FEI Number:** 83-3999121

**Certificate of Status Desired:** Yes

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

PEDROSA, SHARON  
1830 S OCEAN DRIVE  
UNIT # 3006  
HALLANDALE BEACH, FL 33009 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

04/26/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name PEDROSA, SHARON  
Address 1830 S OCEAN DRIVE  
UNIT # 3006  
City-State-Zip: HALLANDALE BEACH FL 33009

*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

MGR

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date