

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000253295

Entity Name: MONANA WELLNESS, LLC

Current Principal Place of Business:

703 W KENTUCKY AVE
TAMPA, FL 33603

Current Mailing Address:

703 W KENTUCKY AVE
TAMPA, FL 33603 US

FEI Number: 84-5019733

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

VALDES, UNITY M
703 W KENTUCKY AVE
TAMPA, FL 33603 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 MGR
Name VALDES, UNITY M
Address 703 W KENTUCKY AVE
City-State-Zip: TAMPA FL 33603

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: UNITY M VALDES

MANAGER

01/29/2021

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date