

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000008766

**Entity Name:** JOMO WELLNESS LLC

**Current Principal Place of Business:**

1157 LAMBOLL AVE  
JACKSONVILLE, FL 32205

**Current Mailing Address:**

1157 LAMBOLL AVE  
JACKSONVILLE, FL 32205 UN

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

LOISELLE, CELINE C MS.  
1157 LAMBOLL AVE  
JACKSONVILLE, FL 32205 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 LOISELLE, CELINE C MS.  
Address 1157 LAMBOLL AVE  
City-State-Zip: JACKSONVILLE FL 32205

*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:** CELINE LOISELLE

04/18/2021

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

\_\_\_\_\_ Date