

**2021 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT**

DOCUMENT# L20000080998

**Entity Name:** NEW IDENTITY WELLNESS CENTER, LLC.

**Current Principal Place of Business:**

14601 SW 29 ST  
SUITE 107  
MIRAMAR, FL 33027

**Current Mailing Address:**

14601 SW 29 ST  
SUITE 107  
MIRAMAR, FL 33027 US

**FEI Number:** 85-0489829

**Certificate of Status Desired:** Yes

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

BARBOZA BRAVO, MARIOSCA  
14601 SW 29 ST  
SUITE 107  
MIRAMAR, FL 33027 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:** MARIOSCA BARBOZA BRAVO

11/03/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HAYES, CARIDAD  
Address 14601 SW 29 ST SUITE 107  
City-State-Zip: MIRAMAR FL 33027

Title MANAGER  
Name BARBOZA BRAVO, MARIOSCA  
Address 14601 SW 29 ST  
SUITE 107  
City-State-Zip: MIRAMAR FL 33027

*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:** CARIDAD HAYES

AMBR

11/03/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date