

**2023 FLORIDA LIMITED LIABILITY COMPANY 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:**

HAYES, CARIDAD  
14601 SW 29 STREET  
#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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Authorized Person(s) Detail :**

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

Title           PRESIDENT  
Name           FELIX, MAYDELIN  
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

**MANAGER**

**01/23/2023**

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

\_\_\_\_\_  
Date