

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: No

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

10/21/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
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: MARIOSCA BARBOZA BRAVO

AMBR

10/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date