

**2021 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:**

15854 SW 85 LANE  
MIAMI, FL 33193 US

**FEI Number:** 85-0489829

**Certificate of Status Desired:** Yes

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

JUAN, LENON  
15854 SW 85 LANE  
MIAMI, FL 33193 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:** LENON JUAN

02/23/2021

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MBR	Title	MBR
Name	HERNANDEZ, CARILYN	Name	JUAN, LENON
Address	18840 NW 57TH AVE APT 108	Address	15854 SW 85TH LN
City-State-Zip:	HIALEAH FL 33015	City-State-Zip:	MIAMI FL 33193

*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:** LENON JUAN

CEO/MBR

02/23/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date