

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000084867

**Entity Name:** PURE LIFE HEALTH AND WELLNESS LLC

**Current Principal Place of Business:**

848 BRICKELL AVE  
SUITE 203  
MIAMI, FL 33131

**Current Mailing Address:**

848 BRICKELL AVE  
SUITE 203  
MIAMI, FL 33131 US

**FEI Number:** 85-1539886

**Certificate of Status Desired:** Yes

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

BP TAX ADVISORY LLC  
848 BRICKELL AVE  
SUITE 203  
MIAMI, FL 33131 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:** AGUSTIN ALEMANY

04/21/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

|                 |                               |                 |                               |
|-----------------|-------------------------------|-----------------|-------------------------------|
| Title           | MGR                           | Title           | AP                            |
| Name            | MOTYKA, NEIL                  | Name            | VIANNA, DIOGO                 |
| Address         | 848 BRICKELL AVE<br>SUITE 203 | Address         | 848 BRICKELL AVE<br>SUITE 203 |
| City-State-Zip: | MIAMI FL 33131                | City-State-Zip: | MIAMI FL 33131                |

*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:** MOTYKA , NEIL

MGR

04/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date