

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000088642

**Entity Name:** SUMMIT WELLNESS, LLC

**Current Principal Place of Business:**

3450 E FLETCHER AVE SUITE 330  
TAMPA, FL 33613

**Current Mailing Address:**

3450 E FLETCHER AVE SUITE 330  
TAMPA, FL 33613 US

**FEI Number:** 82-1982401

**Certificate of Status Desired:** No

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

KELLY, AUSTIN C  
3450 E FLETCHER AVE SUITE 330  
TAMPA, FL 33613 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:** AUSTIN KELLY

01/18/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name KELLY, AUSTIN C  
Address 3450 E FLETCHER AVE SUITE 330  
City-State-Zip: TAMPA FL 33613

*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:** AUSTIN KELLY

MGR

01/18/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date