

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000088965

Entity Name: INCLUSIVE WELLNESS, LLC

Current Principal Place of Business:

4244 CENTRAL AVE
ST. PETERSBURG, FL 33711

Current Mailing Address:

4244 CENTRAL AVE
ST. PETERSBURG, FL 33711

FEI Number: 85-0582700

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

COLEMAN, PAMELA
1600 66TH AVE SOUTH
ST. PETERSBURG, FL 33712 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 MGR
Name COLEMAN, SAHSHA
Address 12001 BELCHER RD SOUTH APT A6
City-State-Zip: LARGO FL 33773

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: SAHSHA COLEMAN

MANAGER

04/21/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date