

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000088965

Entity Name: INCLUSIVE WELLNESS, LLC

Current Principal Place of Business:

3530 1ST AVE SOUTH, STE # 204
ST. PETERSBURG, FL 33713

Current Mailing Address:

3530 1ST AVE NORTH
STE # 204
ST. PETERSBURG, FL 33713 US

FEI Number: 85-0582700

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASTOR, CHRISTINE
12001 BELCHER RD SOUTH APT A6
LARGO, FL 33773 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: CHRISTINE ASTOR

04/22/2022

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

04/22/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date