

**2023 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  
6652 31ST WAY 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:** CHRISTINE ASTOR

03/11/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name COLEMAN, SAHSHA  
Address 6652 31ST WAY SOUTH  
City-State-Zip: ST. PETERSBURG FL 33712

*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

03/11/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date