

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000101184

**Entity Name:** WININGS WELLNESS, LLC

**Current Principal Place of Business:**

3948 3RD STREET SOUTH  
#275  
JACKSONVILLE BEACH, FL 32250

**Current Mailing Address:**

3948 3RD STREET SOUTH  
#275  
JACKSONVILLE BEACH, FL 32250

**FEI Number:** 85-0823066

**Certificate of Status Desired:** No

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

WININGS, ELIZABETH  
10752 DEERWOOD PARK BLVD  
SUITE 100  
JACKSONVILLE, FL 32256 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 WININGS, JORDAN  
Address 3948 3RD STREET SOUTH, #275  
City-State-Zip: JACKSONVILLE BEACH FL 32250

Title MGR  
Name WININGS, ELIZABETH  
Address 3948 3RD STREET SOUTH, #275  
City-State-Zip: JACKSONVILLE BEACH FL 32250

*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:** ELIZABETH WININGS

**MGR**

**02/02/2021**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date