

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000124182

**Entity Name:** ISLA DEL SUR, LLC

**Current Principal Place of Business:**

8051 N TAMIAMI TRAIL  
SUITE F2  
SARASOTA, FL 34243

**Current Mailing Address:**

8051 N TAMIAMI TRAIL  
SUITE F2  
SARASOTA, FL 34243

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

BETTER WELLNESS NATURALLY, LLC  
8051 N TAMIAMI TRAIL  
SUITE F2  
SARASOTA, FL 34243 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 BETTER WELLNESS NATURALLY, LLC  
Address 8051 N TAMIAMI TR, STE F2  
City-State-Zip: SARAOSTA FL 34243

*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:** LAURA GARRISON

MANAGER

04/21/2024

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

\_\_\_\_\_  
Date