

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000158741

**Entity Name:** SHEAR WELLNESS LLC

**Current Principal Place of Business:**

1100 S FLAGLER DR, UNIT 702  
WEST PALM BEACH, FL 33401

**Current Mailing Address:**

1100 S FLAGLER DR, UNIT 702  
WEST PALM BEACH, FL 33401 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

SHEAR, MORGAN  
1100 S FLAGLER DR  
UNIT 702  
WEST PALM BEACH, FL 33401 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:** MORGAN SHEAR

01/31/2023

---

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name SHEAR, MORGAN  
Address 1100 S FLAGLER DR, UNIT 702  
City-State-Zip: WEST PALM BEACH FL 33401

*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:** MORGAN SHEAR

**MEMBER**

01/31/2023

---

Electronic Signature of Signing Authorized Person(s) Detail

Date