

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000174340

**Entity Name:** VANOVER WELLNESS, LLC

**Current Principal Place of Business:**

2801 NW 23RD BLVD.  
#S130  
GAINESVILLE, FL 32605

**Current Mailing Address:**

2801 NW 23RD BLVD.  
#S130  
GAINESVILLE, FL 32605 US

**FEI Number:** 85-1755161

**Certificate of Status Desired:** No

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

THOMAS-VANOVER, DEIDRA L  
2801 NW 23RD BLVD.  
#S130  
GAINESVILLE, FL 32605 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 AMBR  
Name VANOVER, TAMARICK T JR.  
Address 2801 NW 23RD BLVD., #S130  
City-State-Zip: GAINESVILLE FL 32605

Title MGR  
Name THOMAS-VANOVER, DEIDRA  
Address 2801 NW 23RD BLVD.  
City-State-Zip: GAINESVILLE FL 32605

Title AMBR  
Name VANOVER, DEDRICK  
Address 2801 NW 23RD BLVD.  
City-State-Zip: GAINESVILLE FL 32605

Title AMBR  
Name VANOVER, TAMIA  
Address 2801 NW 23RD BLVD.  
City-State-Zip: GAINESVILLE FL 32605

*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:** DEIDRA THOMAS-VANOVER

MGR

02/28/2021

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

\_\_\_\_\_  
Date