

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000178642

Entity Name: 360 WELLNESS CLINIC, LLC

Current Principal Place of Business:

6100 LAKE ELLENOR DR
SUITE 171
ORLANDO, FL 32809

Current Mailing Address:

6100 LAKE ELLENOR DR
SUITE 171
ORLANDO, FL 32809 US

FEI Number: 85-1765074

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CLEMENT, MICHE
6100 LAKE ELLENOR DR
171
ORLANDO, FL 32809 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 CLEMENT, MICHE
Address 6100 LAKE ELLENOR DR
SUITE 171
City-State-Zip: ORLANDO FL 32809

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: MICHE CLEMENT

MGR

04/19/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date