

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000194534

**Entity Name:** NULIFE WELLNESS CENTER, LLC

**Current Principal Place of Business:**

20779 NW 3RD STREET  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

20779 NW 3RD STREET  
PEMBROKE PINES, FL 33029 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FRANCOIS, DANNY  
20779 NW 3RD STREET  
PEMBROKE PINES, FL 33029 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 FRANCOIS, DANNY  
Address 20779 NW 3RD STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title MGR  
Name TELFORT, ANIDE  
Address 2150 NW 91 ST TER  
City-State-Zip: PEMBROKE PINES FL 33024

*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:** DANNY FRANCOIS

MGR

04/13/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date