

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000206067

Entity Name: WARRIOR WELLNESS 102, LLC

Current Principal Place of Business:

1924 ALAQUA DR
LONGWOOD, FL 32779

Current Mailing Address:

1924 ALAQUA DR
LONGWOOD, FL 32779 US

FEI Number: 85-1469723

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

JAX WELLNESS CORP
1924 ALAQUA DR
LONGWOOD, FL 32779 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 ROBINSON, MARY
Address 1924 ALAQUA DR
City-State-Zip: LONGWOOD FL 32779

Title MGR
Name RUIZ, JEFF
Address 1924 ALAQUA DR
City-State-Zip: LONGWOOD FL 32779

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: MARY ROBINSON

MANAGER

02/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date