

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000207839

**Entity Name:** SELAH WELLNESS THERAPY LLC

**Current Principal Place of Business:**

5781 LEE BLVD  
STE 208-443  
LEHIGH ACRES, FL 33971

**Current Mailing Address:**

11185 LAKELAND CIRCLE  
FORT MYERS, FL 33913 US

**FEI Number:** 86-2291068

**Certificate of Status Desired:** No

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

STANLEY, REBECCA  
5781 LEE BLVD  
STE 208-443  
LEHIGH ACRES, FL 33971 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 STANLEY, REBECCA  
Address 11185 LAKELAND CIRCLE  
City-State-Zip: FORT MYERS FL 33913

*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:** REBECCA STANLEY

MGR

02/26/2021

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

\_\_\_\_\_  
Date