

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000322737

Entity Name: WILLIAMS WELLNESS, LLC

Current Principal Place of Business:

9216 COXWELL CT
JACKSONVILLE, FL 32221

Current Mailing Address:

9216 COXWELL CT
JACKSONVILLE, FL 32221 US

FEI Number: 85-3599714

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WILLIAMS, KELLY
9216 COXWELL CT
JACKSONVILLE, FL 32221 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: KELLY N WILLIAMS

02/28/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title PRESIDENT
Name WILLIAMS, KELLY
Address 9216 COXWELL CT
City-State-Zip: JACKSONVILLE FL 32221

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: KELLY WILLIAMS

OWNER

02/28/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date