

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000379433

**Entity Name:** ALPHA LIFE MENTAL WELLNESS CENTER, LLC

**Current Principal Place of Business:**

13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 320  
WINDERMERE, FL 34786

**Current Mailing Address:**

13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 320  
WINDERMERE, FL 34786

**FEI Number:** 85-4345629

**Certificate of Status Desired:** No

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

OFOKANSI, DAVIDSON C  
13506 SUMMERPORT VILLAGE PARKWAY  
SUITE 320  
WINDERMERE, FL 34786 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 OFOKANSI, IJEOMA E  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY SUITE 320  
City-State-Zip: WINDERMERE FL 34786

Title MGR  
Name OFOKANSI, DAVIDSON C  
Address 13506 SUMMERPORT VILLAGE  
PARKWAY SUITE 320  
City-State-Zip: WINDERMERE FL 34786

*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:** DAVIDSON OFOKANSI

**PRESIDENT**

**04/26/2024**

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

\_\_\_\_\_  
Date