

2023 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

VICE PRESIDENT

01/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date