

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000096433

Entity Name: LIVWEL HEALTH LLC

Current Principal Place of Business:

2158 W ATLANTIC AVE
DELRAY BEACH, FL 33445

Current Mailing Address:

2158 W ATLANTIC AVE
DELRAY BEACH, FL 33445 US

FEI Number: 86-2461147

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

WELLIVER, DAVID M II
10291 SUNSTREAM LN
BOCA RATON, FL 33428 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 AMBR
Name WELLIVER, DAVID M II
Address 10291 SUNSTREAM LN
City-State-Zip: BOCA RATON FL 33428

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: DAVID WELLIVER

OWNER

03/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date