

**2023 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**

**01/25/2023**

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

\_\_\_\_\_  
Date