

**2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000279937

**Entity Name:** RETRIEVING WELLNESS, LLC

**Current Principal Place of Business:**

7205 CYPRESS LAKES DR  
ODESSA, FL 33556

**Current Mailing Address:**

7205 CYPRESS LAKES DR  
ODESSA, FL 33556 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

DIMARCO & ASSOCIATES CPAS, PA  
220 PINE AVE N  
SUITE A  
OLDSMAR, FL 34677 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:** ROBERT F. DIMARCO

05/03/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name REHM, KIMBERLY  
Address 7205 CYPRESS LAKES DR  
City-State-Zip: ODESSA FL 33556

*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:** KIMBERLY REHM

MGR

05/03/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date