

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000297983

**Entity Name:** WISE LIVING AND WELLNESS L.L.C.

**Current Principal Place of Business:**

7754 OKEECHOBEE BLVD  
SUITE #4 - 844  
WEST PALM BEACH, FL 33411

**Current Mailing Address:**

7754 OKEECHOBEE BLVD  
SUITE #4 - 844  
WEST PALM BEACH, FL 33411 US

**FEI Number:** 87-1539551

**Certificate of Status Desired:** Yes

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

WISDOM, EMILY  
1667 44TH STREET  
WEST PALM BEACH, FL 33407 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           MANAGER  
Name           PEARCE, ROUCHELLE TORALEE  
Address        1667 44TH ST  
City-State-Zip: WEST PALM BEACH FL 33407

Title           MANAGER  
Name           PEARCE, SHADAE DIANA  
Address        1667 44TH ST  
City-State-Zip: WEST PALM BEACH FL 33407

Title           PRESIDENT  
Name           WISDOM, EMILY  
Address        1667 44TH ST  
City-State-Zip: WEST PALM BEACH FL 33407

*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:** EMILY WISDOM

**PRESIDENT**

**04/30/2024**

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

\_\_\_\_\_  
Date