## 2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000323214

Entity Name: IVI WELLNESS LLC

Current Principal Place of Business:

9285 HEATHRIDGE DR

WEST PALM BEACH. FL 33411

**Current Mailing Address:** 

9285 HEATHRIDGE DRIVE

WEST PALM BEACH, FL 33411 US

FEI Number: 82-1712171 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NOLEN, KRISTINA 9285 HEATHRIDGE DRIVE WEST PALM BEACH, FL 33411 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: KRISTINA NOLEN 04/17/2024

Electronic Signature of Registered Agent

Date

FILED Apr 17, 2024

**Secretary of State** 

3510194648CC

Authorized Person(s) Detail:

Title AMBR Title AMBR

Name NOLEN, KRISTINA Name NOLEN, TIMOTHY

Address 9285 HEATHRIDGE DRIVE Address 9285 HEATHRIDGE DRIVE

City-State-Zip: WEST PALM BEACH FL 33411 City-State-Zip: WEST PALM BEACH FL 33411

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.

**AMBR** 

Electronic Signature of Signing Authorized Person(s) Detail