

**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

**Authorized Person(s) Detail :**

Title AMBR  
Name NOLEN, KRISTINA  
Address 9285 HEATHRIDGE DRIVE  
City-State-Zip: WEST PALM BEACH FL 33411

Title AMBR  
Name NOLEN, TIMOTHY  
Address 9285 HEATHRIDGE DRIVE  
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.*

**SIGNATURE:** KRISTINA NOLEN

AMBR

04/17/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date