

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000323214

**Entity Name:** IVI WELLNESS LLC

**Current Principal Place of Business:**

1740 NW 2ND STREET  
APT. 215  
DELRAY BEACH, FL 33444

**Current Mailing Address:**

1740 NW 2ND STREET  
APT. 215  
DELRAY BEACH, FL 33444 US

**FEI Number:** 82-1712171

**Certificate of Status Desired:** No

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

TUNCAP BLAND, KRISTINA  
1740 NW 2ND STREET  
APT. 215  
DELRAY BEACH, FL 33444 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 TUNCAP BLAND, KRISTINA  
Address 1740 NW 2ND STREET, APT. 215  
City-State-Zip: DELRAY BEACH FL 33444

Title AMBR  
Name NOLEN, TIMOTHY  
Address 1740 NW 2ND STREET, APT. 215  
City-State-Zip: DELRAY BEACH FL 33444

*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 TUNCAP BLAND

AMBR

03/22/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date