

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000338642

Entity Name: BE WELL HOLISTIC CARE, LLC

Current Principal Place of Business:

417 E JACKSON ST
ORLANDO, FL 32801

Current Mailing Address:

417 E JACKSON ST
ORLANDO, FL 32801 US

FEI Number: 87-1867873

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RADIANT SPA, LLC
1201 NOTTINGHAM STREET
ORLANDO, FL 32803 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	MGR	Title	MGR
Name	RADIANT SPA, LLC	Name	UNVEILING WELLNESS, LLC
Address	1201 NOTTINGHAM STREET	Address	627 NORTH HYER AVE
City-State-Zip:	ORLANDO FL 32803	City-State-Zip:	ORLANDO FL 32803

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: MELISS _____

MGR

01/12/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date