

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000351102

**Entity Name:** KEY WELLNESS ST. PETE, LLC

**Current Principal Place of Business:**

3955 20THST N  
ST. PETERSBURG, FL 33714

**Current Mailing Address:**

3955 20THST N  
ST. PETERSBURG, FL 33714 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

QUINTANILLA, JOSHUA D  
3955 20TH ST. N  
ST. PETERSBURG, FL 33714 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            CEO  
Name            QUINTANILLA, RYAN D  
Address        3955 20TH ST. N  
City-State-Zip: ST. PETERSBURG FL 33714

*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:** QUINTANILLA , RYAN D

MR

04/20/2022

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

\_\_\_\_\_ Date