

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000404451

**Entity Name:** LELY MED SPA & WELLNESS CLINIC, LLC

**Current Principal Place of Business:**

8950 SW 74 COURT  
SUITE 1207  
MIAMI, FL 33156

**Current Mailing Address:**

8950 SW 74 COURT  
SUITE 1207  
MIAMI, FL 33156 US

**FEI Number:** 87-2661215

**Certificate of Status Desired:** No

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

TARRIO, EDILEIDIS  
751 NE 2ND PL  
HIALEAH, FL 33010 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:** EDILEIDIS TARRIO

02/20/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	AMBR	Title	AMBR
Name	TARRIO, EDILEIDIS	Name	MINER, BENJAMIN J.
Address	751 NE 2ND PL	Address	751 NE 2ND PL
City-State-Zip:	HIALEAH FL 33010	City-State-Zip:	HIALEAH FL 33010

*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:** BENJAMIN MINER

MEMBER

02/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date