

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000404451

Entity Name: LELY MED SPA & WELLNESS CLINIC, LLC

Current Principal Place of Business:

7500 SW 87TH AVE, SUITE 201
MIAMI, FL 33173

Current Mailing Address:

7500 SW 87TH AVE, SUITE 201
MIAMI, FL 33173 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: _____

Electronic Signature of Registered Agent

_____ Date

Authorized Person(s) Detail :

Title AMBR
Name TARRIO, EDILEIDIS
Address 751 NE 2ND PL
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: EDILEIDIS TARRIO

AMBR

04/21/2022

_____ Electronic Signature of Signing Authorized Person(s) Detail

_____ Date