## **2023 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000418013

Entity Name: ACME WELLNESS LLC

**Current Principal Place of Business:** 

1548 E FLOWLER AVE TAMPA FL 33612

**Current Mailing Address:** 

1548 E FLOWLER AVE TAMPA, FL 33612

FEI Number: 87-2819849 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

PATEL, SIDDHARTH 24132 DENALI CT LUT, FL 33559 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: SIDDHARTH PATEL 10/09/2023

Electronic Signature of Registered Agent

Date

FILED Oct 09, 2023

**Secretary of State** 

0483603790CR

Authorized Person(s) Detail:

Title MGRM Title MGRM

Name PATEL, SIDDHARTH Name PATEL, DIPAL

Address 1548 E FOWLER AVE Address 1548 E FOWLER AVE

City-State-Zip: TAMPA FL 33612 City-State-Zip: TAMPA FL 33612

Title MGRM

Name PATEL, PAVNI

Address 1548 E FOWLER AVE City-State-Zip: TAMPA FL 33612

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: SIDDHARTH PATEL

**MANAGER** 

10/09/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date