## 2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000426795

**Entity Name: COLLECTIVE WELLNESS CENTER LLC** 

**Current Principal Place of Business:** 

12041 NW 29TH MANOR SUNRISE. FL 33323

**Current Mailing Address:** 

12041 NW 29TH MANOR SUNRISE, FL 33323

FEI Number: 92-0535355 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ZALMAN, AMBER 12041 NW 29TH MANOR SUNRISE, FL 33323 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: AMBER ZALMAN 01/21/2023

Electronic Signature of Registered Agent

Date

FILED Jan 21, 2023

**Secretary of State** 

7689809452CC

Authorized Person(s) Detail:

Title AP

Name ZALMAN, AMBER

Address 12041 NW 29TH MANOR

City-State-Zip: SUNRISE FL 33323

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: AMBER ZALMAN OWNER 01/21/2023