

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000438011

**Entity Name:** TAKE5 MEDITATIONS LLC

**Current Principal Place of Business:**

5214 1/2 27TH AVE S  
APT E  
GULFPORT, FL 33707

**Current Mailing Address:**

5214 1/2 27TH AVE S  
APT E  
GULFPORT, FL 33707

**FEI Number:** 87-3509081

**Certificate of Status Desired:** No

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

BROMFIELD, LISA  
5214 1/2 27TH AVE S  
APT E  
GULFPORT, FL 33707 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            BROMFIELD, LISA  
Address        5214 1/2 27TH AVE S, APT E  
City-State-Zip: GULFPORT FL 33707

*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:** LISA BROMFIELD

AMBR

04/26/2022

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

\_\_\_\_\_  
Date