

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000465804

**Entity Name:** NOMIND WELLNESS, LLC

**Current Principal Place of Business:**

15300 SW 103RD PLACE  
MIAMI, FL 33157

**Current Mailing Address:**

15300 SW 103RD PLACE  
MIAMI, FL 33157

**FEI Number: 88-4278300**

**Certificate of Status Desired: Yes**

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

OBREGON, FRANK  
15300 SW 103RD PLACE  
MIAMI, FL 33157 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	AR	Title	MEMBER
Name	SANCHEZ-OBREGON, JESSICA M	Name	OBREGON, FRANK
Address	15300 SW 103RD PLACE	Address	15300 SW 103RD PLACE
City-State-Zip:	MIAMI FL 33157	City-State-Zip:	MIAMI FL 33157

*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: FRANK OBREGON**

**MEMBER**

**02/23/2023**

Electronic Signature of Signing Authorized Person(s) Detail

Date