

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000470830

**Entity Name:** APOLLO WELLNESS LLC

**Current Principal Place of Business:**

4801 HANCOCK ROAD  
SOUTHWEST RANCHES, FL 33330

**Current Mailing Address:**

4801 HANCOCK ROAD  
SOUTHWEST RANCHES, FL 33330 US

**FEI Number:** 87-3381679

**Certificate of Status Desired:** No

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

REGOJO, ANTONIO  
12550 BISCAYNE BLVD  
STE 110  
MIAMI, FL 33181 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	Title	AMBR
Name	STOHNER, THEODORE	Name	NICOLAOU, JARRED
Address	4801 HANCOCK ROAD	Address	4801 HANCOCK ROAD
City-State-Zip:	SOUTHWEST RANCHES FL 33330	City-State-Zip:	SOUTHWEST RANCHES FL 33330

*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:** THEODORE STOHNER

**MGR**

**01/31/2022**

Electronic Signature of Signing Authorized Person(s) Detail

Date