

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000490483

Entity Name: FEEL ALIVE HYDRATION & WELLNESS LLC

Current Principal Place of Business:

9314 FOREST HILL BLVD #816
WELLINGTON, FL 33411

Current Mailing Address:

9314 FOREST HILL BLVD #816
WELLINGTON, FL 33411 US

FEI Number: 87-3606844

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DYALL, BRIELLE K
9314 FOREST HILL BLVD #816
WELLINGTON, FL 33411 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 CEO
Name DYALL, BRIELLE K
Address 9314 FOREST HILL BLVD #816
City-State-Zip: WELLINGTON FL 33411

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: BRIELLE DYALL

CEO

04/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date