

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000490483

Entity Name: FEEL ALIVE HYDRATION & VITAMIN THERAPY LLC

Current Principal Place of Business:

204 FOXTAIL DR
A3
GREENACRES, FL 33415

Current Mailing Address:

204 FOXTAIL DR
A3
GREENACRES, FL 33415 US

FEI Number: 87-3606844

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DYALL, BRIELLE K
204 FOXTAIL DR
A3
GREENACRES, FL 33415 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 PRESIDENT
Name DYALL, BRIELLE K
Address 204 FOXTAIL DR
 A3
City-State-Zip: GREENACRES FL 33415

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

PRESIDENT

01/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date