

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000005921

Entity Name: YOPHI HEALTH AND WELLNESS LLC

Current Principal Place of Business:

1750 16TH STREET SOUTH
ST. PETERSBURG, FL 33705

Current Mailing Address:

P.O.BOX 35463
ST. PETERSBURG, FL 33705 US

FEI Number: 87-4455941

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

SOLOMON, SHEREKA
1750 16TH STREET SOUTH
ST. PETERSBURG, FL 33705 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 SOLOMON, SHEREKA
Address P.O.BOX 35463
City-State-Zip: ST. PETERSBURG FL 33705

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: SHEREKA SOLOMON

CEO

04/20/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date