

**2023 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:** No

**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

03/05/2023

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date