# 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: SOLINA BRAININ MATTOS

#### Electronic Signature of Signing Authorized Person(s) Detail

#### BRAININ-MATTOS, SOLINA 134 HONORS WAY WINTER SPRINGS, FL 32708 US

Name and Address of Current Registered Agent:

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: SOLINA BRAININ-MATTOS

Electronic Signature of Registered Agent

### Authorized Person(s) Detail :

DOCUMENT# L22000017344

WINTER SPRINGS. FL 32708

**Current Mailing Address:** 

FEI Number: 87-4444027

**134 HONORS WAY** 

134 HONORS WAY

**Current Principal Place of Business:** 

WINTER SPRINGS. FL 32708 US

TitleAMBRNameBRAININ MATTOS, SOLINAAddress134 HONORS WAYCity-State-Zip:WINTER SPRINGS FL 32708

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Entity Name: FORWARD FOCUS HOLISTIC WELLNESS LLC

## FILED Mar 09, 2023 Secretary of State 0587618759CC

Certificate of Status Desired: No

03/09/2023 Date

03/09/2023

Date