

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000203341

Entity Name: PEACOCK WELLNESS LLC

Current Principal Place of Business:

135 SAN LORENZO AVENUE
SUITE 760
CORAL GABLES, FL 33146

Current Mailing Address:

PO BOX 770355
MIAMI, FL 33177 US

FEI Number: 88-2359591

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ASPURU, RAQUEL
135 SAN LORENZO AVENUE
SUITE 760
CORAL GABLES, FL 33146 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 P
Name ASPURU, RAQUEL
Address 135 SAN LORENZO AVENUE, SUITE
760
City-State-Zip: CORAL GABLES FL 33146

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: RAQUEL ASPURU

OWNER

04/21/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date