

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L22000284827

Entity Name: GAIA WELLNESS CENTER LLC

Current Principal Place of Business:

12270 SW 4 TERRACE
MIAMI, FL 33184

Current Mailing Address:

12270 SW 4 TERRACE
MIAMI, FL 33184

FEI Number: 88-3049425

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GIRALDO, CLAUDIA
12270 SW 4 TERRACE
MIAMI, FL 33184 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 MGR
Name GIRALDO, CLAUDIA
Address 12270 SW 4 TERRACE
City-State-Zip: MIAMI FL 33184

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: CLAUDIA GIRALDO

MANAGER

02/09/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date