

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000323347

**Entity Name:** WITT NATURAL HEALTH LLC

**Current Principal Place of Business:**

1201 BUSINESS WAY  
SUITE 698  
LEHIGH ACRES, FL 33936

**Current Mailing Address:**

1201 BUSINESS WAY  
SUITE 698  
LEHIGH ACRES, FL 33936 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

X WITT, ALEJANDRO  
4208 6TH ST W  
LEHIGH ACRES, FL 33971 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:** ALEJANDRO X WITT

03/17/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	MGR	Title	AP
Name	WITT, ALEJANDRO X SR	Name	CUESTA, ANDRES F SR
Address	4208 6TH ST W	Address	4208 6TH ST W
City-State-Zip:	LEHIGH ACRES FL 33971	City-State-Zip:	LEHIGH ACRES FL 33971

*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:** ALEJANDRO WITT

MGR

03/17/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date