

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000323347

**Entity Name:** WITT NATURAL HEALTH LLC

**Current Principal Place of Business:**

11510 NW 56TH DR  
BUILDING # 3 APARMENT 109  
CORAL SPRINGS, FL 33076

**Current Mailing Address:**

11510 NW 56TH DR  
BUILDING # 3 APARMENT 109  
CORAL SPRINGS, FL 33076 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** Yes

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

X WITT, ALEJANDRO  
11510 NW 56TH DR  
BUILDING # 3 APARMENT 109  
CORAL SPRINGS, FL 33076 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

05/15/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title           MANAGER  
Name           WITT, ALEJANDRO X SR  
Address        11510 NW 56TH DR  
                  BUILDING # 3 APARMENT 109  
City-State-Zip: CORAL SPRINGS FL 33076

*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 X WITT

MANAGER

05/15/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date