

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000330763

**Entity Name:** WELLNESS CENTER OF PALM HARBOR LLC

**Current Principal Place of Business:**

2480 TRADEWINDS TRAIL  
PALM HARBOR, FL 34683

**Current Mailing Address:**

2480 TRADEWINDS TRAIL  
PALM HARBOR, FL 34683 US

**FEI Number:** 88-3458347

**Certificate of Status Desired:** No

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

SCHOENFELD, CHAD  
2480 TRADEWINDS TRAIL  
PALM HARBOR, FL 34683 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 SCHOENFELD, CHAD  
Address 2480 TRADEWINDS TRAIL  
City-State-Zip: PALM HARBOR FL 34683

*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:** CHAD SCHOENFELD

MGR

04/26/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date