

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L22000380891

**Entity Name:** AGE WELL NP, LLC.

**Current Principal Place of Business:**

17501 WELLS ROAD  
NORTH FORT MYERS, FL 33917

**Current Mailing Address:**

17501 WELLS ROAD  
N FORT MYERS, FL 33917 US

**FEI Number:** 88-4063692

**Certificate of Status Desired:** No

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

SOUTHWEST PROFESSIONAL SERVICES OF SOUTH F  
17595 S TAMIAMI TR STE 221  
FORT MYERS, FL 33919 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            MMBR  
Name            DURHAM, MICHAEL  
Address        17501 WELLS RD  
City-State-Zip: NORTH FORT MYERS FL 33917

*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:** MICHAEL DURHAM

MMBR

04/18/2024

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date