

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000070459

**Entity Name:** KINTSUGI WELLNESS LLC

**Current Principal Place of Business:**

20871 NW 22ND CT  
PEMBROKE PINES, FL 33029

**Current Mailing Address:**

20871 NW 22ND CT  
PEMBROKE PINES, FL 33029 UN

**FEI Number:** 93-2598210

**Certificate of Status Desired:** Yes

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

CARDENAS, FERNANDA  
20871 NW 22ND CT  
PEMBROKE PINES, FL 33029 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           MANAGER  
Name           CARDENAS, FERNANDA  
Address        20871 NW 22ND CT  
City-State-Zip: PEMBROKE PINES FL 33029

Title           MANAGER  
Name           POVEDA, MAURICIO  
Address        20871 NW 22ND CT  
City-State-Zip: PEMBROKE PINES FL 33029

*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:** FERNANDA CARDENAS

**MANAGER**

**04/06/2024**

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

\_\_\_\_\_  
Date