

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000132800

**Entity Name:** PRIMAL HEALTH AND WELLNESS LLC

**Current Principal Place of Business:**

6338 NEWTOWN CIR  
TAMPA, FL 33615

**Current Mailing Address:**

8969 INDIGO TRAIL LOOP  
RIVERVIEW, FL 33578 UN

**FEI Number:** 92-3090658

**Certificate of Status Desired:** No

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

LAZARRE, CLAIRE-LAURE D  
6338 NEWTOWN CIR  
TAMPA, FL 33615 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 LAZARRE, FABRICE  
Address 6338 NEWTOWN CIRCLE  
City-State-Zip: TAMPA FL 33615

*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:** LAZARRE, FABRICE

MGR

03/07/2024

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

\_\_\_\_\_ Date