

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000193391

Entity Name: AMAZING GRACE HEALTH AND WELLNESS CENTER, LLC

Current Principal Place of Business:

5438 TROUBLECREEK RD
NEW PORT RICHEY, FL 34652

Current Mailing Address:

7842 LAND O LAKES BLVD
175
LAND O LAKES, FL 34638 US

FEI Number: APPLIED FOR

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ADELUFOSI, JOSEPHINE F
7842 LAND O LAKES BLVD
175
LAND O LAKES, FL 34638 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 ADELUFOSI, JOSEPHINE F
Address 7842 LAND O LAKES BLVD, 175
City-State-Zip: LAND O LAKES FL 34638

Title AMBR
Name ADELUFOSI, MICHELLE A
Address 7842 LAND O LAKES BLVD, 175
City-State-Zip: LAND O LAKES FL 34638

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: JOSEPHINE ADELUFOSI

MANAGER

03/11/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date