

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000196582

Entity Name: REFLECTED WELLNESS, LLC

Current Principal Place of Business:

5411 GRAND BLVD
SUITE 109
NEW PORT RICHEY, FL 34652

Current Mailing Address:

5411 GRAND BLVD
SUITE 109
NEW PORT RICHEY, FL 34652

FEI Number: 92-3630119

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEIDER, LANCE O
1101 DOUGLAS AVENUE
SUITE 1000
ALTAMONTE SPRINGS, FL 32714 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: LANCE O. LEIDER

02/26/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name COCHRAN, JENNIFER L
Address 2052 LARCHWOOD CT
City-State-Zip: TRINITY FL 34655

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: JENNIFER COCHRAN

MGR/ APRN

02/26/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date