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.

CEO

SIGNATURE: SOLFINE DORLEUS

DOCUMENT# L23000293728 Entity Name: ALL IS WELL TRANSFORMATIONAL CENTER L.L.C

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

Current Principal Place of Business:

581 N PARK AVE 4192 APOPKA, FL 32712

Current Mailing Address:

581 N PARK AVE 4192 AVENTURA, FL 32712 US

FEI Number: NOT APPLICABLE

Name and Address of Current Registered Agent:

ELEGANTE SOL BOUTIQUE 581 N PARK AVE 4192 APOPKA, FL 32712 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:	SOLFINE DORLEUS			05/17/2024
	Electronic Signature of Registered Agent			Date
Authorized Person(s) Detail :				
Title A	AP	Title	MGR	
Name E	ELEGANTE SOL BOUTIQUE	Name	ELEGANTE SOL BOUTIQUE	
	581 N PARK AVE 4192	Address	581 N PARK AVE 4192	
City-State-Zip:	APOPKA FL 32712	City-State-Zip:	APOPKA FL 32712	

Certificate of Status Desired: No

05/17/2024

Date

FILED May 17, 2024 Secretary of State 0796099452CC

Electronic Signature of Signing Authorized Person(s) Detail