

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L23000471785

Entity Name: EQUILIBRIUM WELLNESS CARE, LLC

Current Principal Place of Business:

850 S 21ST STREET
SUITE B
FORT PIERCE, FL 34950

Current Mailing Address:

850 S 21ST STREET
SUITE B
FORT PIERCE, FL 34950 US

FEI Number: 93-4031066

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ESTRIplet, LESLY
850 S 21ST STREET
SUITE B
FORT PIERCE, FL 34950 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 PRES
Name LESLY, ESTRIplet
Address 850 S 21ST STREET
 SUITE B
City-State-Zip: FORT PIERCE FL 34950

Title VP
Name THEUS, KESNEL D.O.M
Address 1195 N. MILITARY TRAIL, SUITE 5-B
City-State-Zip: WEST PALM BEACH FL 33409

Title V.P.
Name MEDINA FILIU, LLILIAN
Address 850 S 21ST STREET
 SUITE B
City-State-Zip: FORT PIERCE FL 34950

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: LESLY ESTRIplet

PRES

03/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date