

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000486365

**Entity Name:** ABUNDANT WELLNESS EXCHANGE LLC

**Current Principal Place of Business:**

3300 49TH ST. N  
ST PETERSBURG, FL 33710

**Current Mailing Address:**

3300 49TH ST. N  
ST PETERSBURG, FL 33710 US

**FEI Number:** 93-4097704

**Certificate of Status Desired:** No

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

MILLER, SCOTT G ESQ  
200 S ORANGE AVE., STE 800  
ORLANDO, FL 32801 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 AMBR  
Name COLE WRIGHT, WAYLON  
Address 3300 49TH ST. N  
City-State-Zip: ST PETERSBURG FL 33710

Title AMBR  
Name CHRISTOPHER PLADNA, KEVIN  
Address 3300 49TH ST. N  
City-State-Zip: ST PETERSBURG FL 33710

Title AMBR  
Name SOFARELLI, RACHEL MARIE  
Address 3300 49TH ST. N  
City-State-Zip: ST PETERSBURG FL 33710

Title AMBR  
Name WHITNEY PLADNA, KIMBERLY  
Address 3300 49TH ST. N  
City-State-Zip: ST PETERSBURG FL 33710

*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:** RACHEL MARIE SOFARELLI

**MANAGER**

**04/01/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date