

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L23000555402

**Entity Name:** 220 WELLNESS LLC

**Current Principal Place of Business:**

2101 INDIAN RIVER BLVD  
SUITE 108  
VERO BEACH, FL 32960

**Current Mailing Address:**

2101 INDIAN RIVER BLVD  
SUITE 108  
VERO BEACH, FL 32960 US

**FEI Number:** 99-0548947

**Certificate of Status Desired:** No

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

FESTA, CHRIS  
501 PONOKA ST  
SEBASTIAN, FL 32958 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            FESTA, CHRIS  
Address        501 PONOKA ST  
City-State-Zip: SEBASTIAN FL 32958

*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:** CHRIS FESTA

**MEMBER**

**04/08/2024**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date