

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L24000002463

Entity Name: THERAPOD WELLNESS LLC

Current Principal Place of Business:

635 EUCLID AVE
107
MIAMI BEACH, FL 33139

Current Mailing Address:

635 EUCLID AVE
107
MIAMI BEACH, FL 33139

FEI Number: 99-0538988

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ACEVES, CYNTHIA
635 EUCLID AVE
107
MIAMI BEACH, FL 33139 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 FOUNDER
Name CYNTHIA , ACEVES
Address 635 EUCLID AVE
 APT 107
City-State-Zip: MIAMI BEACH FL 33139

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: CYNTHIA ACEVES

FOUNDER/OWNER

02/06/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date