

**2024 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M20000002928

**Entity Name:** WELLNESS WAY JACKSONVILLE LLC

**Current Principal Place of Business:**

6100 GREENLAND RD STE 101  
JACKSONVILLE, FL 32258

**Current Mailing Address:**

2525 W MASON ST  
GREEN BAY, WI 54303 US

**FEI Number: 84-3997418**

**Certificate of Status Desired: No**

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

VANNOY, JENNIFER  
6100 GREENLAND RD STE 101  
JACKSONVILLE, FL 32258 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	OWNE	Title	FINANCE MANAGER
Name	WAGENMAN, DEVIN	Name	TORRES, MICHAEL
Address	2204 SW CHASEFORD LN	Address	2525 W MASON ST
City-State-Zip:	POWDER SPRINGS GA 30127	City-State-Zip:	GREEN BAY WI 54303

*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: DEVIN WAGENMAN**

**OWNER**

**04/24/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date