## **2023 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M21000014326

Entity Name: DONA WELLNESS CLINIC L.L.C.

**Current Principal Place of Business:** 

10823 BOYETTE ROAD RIVERVIEW, FL 33569

**Current Mailing Address:** 

10823 BOYETTE ROAD RIVERVIEW. FL 33569 US

FEI Number: 86-2839528 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENTS INC 7901 4TH ST N STE 300 ST. PETERSBURG, FL 33702 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: DAVID ROBERTS 02/08/2023

Electronic Signature of Registered Agent

Date

**FILED** Feb 08, 2023

**Secretary of State** 

2515460176CC

Authorized Person(s) Detail:

**AUTHORIZED MEMBER** Title

Name DONA, MARIE

Address 7901 4TH ST N STE 300

City-State-Zip: ST. PETERSBURG FL 33702

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.

02/08/2023 SIGNATURE: MARIE DONA **MEMBER**