

**2023 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P22000056701

**Entity Name:** SORELLA APOTHECARY CORP

**Current Principal Place of Business:**

8975 DOUBLE DIAMOND PARKWAY  
#A13  
RENO, NV 89521

**Current Mailing Address:**

8975 DOUBLE DIAMOND PARKWAY  
#A13  
RENO, NV 89521 US

**FEI Number:** 81-2598270

**Certificate of Status Desired:** No

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

NORTHWEST REGISTERED AGENT LLC  
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:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title            CEO  
Name            SINDLINGER, CHARLES  
Address        8975 DOUBLE DIAMOND PARKWAY  
                  #A13  
City-State-Zip: RENO NV 89521

Title            CFO  
Name            VOLGER, MAXWELL  
Address        8975 DOUBLE DIAMOND PARKWAY  
                  #A13  
City-State-Zip: RENO NV 89521

Title            SEC  
Name            MEDINA, ELIZABETH  
Address        8975 DOUBLE DIAMOND PARKWAY  
                  #A13  
City-State-Zip: RENO NV 89521

*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 an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** CHARLES SINDLINGER

**CEO**

**01/30/2023**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date