

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L09000009143

Entity Name: SHANT WELLNESS, LLC

Current Principal Place of Business:

3840 EAST STATE RD 436
SUITE 1054
APOPKA, FL 32703

Current Mailing Address:

3840 EAST STATE RD 436
SUITE 1054
APOPKA, FL 32703 US

FEI Number: 26-4146287

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LIMBACHIA, PARI
3840 EAST STATE RD 436
SUITE 1054
APOPKA, FL 32703 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 MGRM
Name LIMBACHIA, PARI
Address 3840 EAST STATE RD 436, STE 1054
City-State-Zip: APOPKA FL 32703

Title MANAGER
Name LIMBACHIA, NICKIL
Address 3840 EAST STATE RD 436
SUITE 1054
City-State-Zip: APOPKA FL 32703

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: PARI LIMBACHIA

MGRM

02/06/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date