

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L12000071925

Entity Name: SOLDIER CITY WELLNESS CENTER LLC

Current Principal Place of Business:

3340 PAWLEYS LOOP NORTH
ST CLOUD, FL 34769

Current Mailing Address:

3340 PAWLEYS LOOP NORTH
ST CLOUD, FL 34769 US

FEI Number: 46-1779800

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

MARAGH, ANDREW R
3340 PAWLEYS LOOP NORTH
ST CLOUD, FL 34769 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 MGR
Name MARAGH, ANDREW R
Address 3340 PAWLEYS LOOP NORTH
City-State-Zip: ST CLOUD FL 34769

Title MGR
Name BIELE, BETH A
Address 3340 PAWLEYS LOOP NORTH
City-State-Zip: ST CLOUD FL 34769

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: BETH BIELE

OWNER

03/05/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date