

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000103608

**Entity Name:** D & S WELLNESS CENTER, LLC

**Current Principal Place of Business:**

12785 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

12785 WEST DIXIE HIGHWAY  
NORTH MIAMI, FL 33161 US

**FEI Number:** 80-0841787

**Certificate of Status Desired:** No

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

NIVA & JUDE ENTERPRISES, LLC  
4520 HALLANDALE BEACH BLVD. BLVD  
UNIT 2  
PEMBROKE PARK, FL 33023 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 ALETTE, SUZETT N  
Address 12777 WEST DIXIE HIGHWAY  
City-State-Zip: MIAMI FL 33161

Title AMBR  
Name WALKER ST LOUIS, SUZETT  
Address 12785 WEST DIXIE HIGHWAY  
City-State-Zip: NORTH MIAMI FL 33161

*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:** WALKER ST LOUIS , SUZETT

AMBR

03/16/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date