

**2019 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L12000157508

**Entity Name:** DIVINE THERAPY & WELLNESS LLC.

**Current Principal Place of Business:**

3300 SW 34TH AVE.  
SUITE 124B  
OCALA, FL 34474

**Current Mailing Address:**

3300 SW 34TH AVE.  
SUITE 124B  
OCALA, FL 34474

**FEI Number:** 46-1588144

**Certificate of Status Desired:** Yes

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

SARKER, MAHIN DR.  
3300 SW 34TH AVE.  
SUITE 124B  
OCALA, FL 34474 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 SARKER, MAHIN DR.  
Address 207 SUNSET POINT  
City-State-Zip: ST. AUGUSTINE FL 32080

*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:** MAHIN SARKER

**OWNER**

**04/10/2019**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date