

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L13000019451

Entity Name: ULTIMATE WELLNESS/REHAB LLC

Current Principal Place of Business:

3524 TAMIAMI TRAIL
#103
PORT CHARLOTTE, FL 33952

Current Mailing Address:

3524 TAMIAMI TRAIL
#103
PORT CHARLOTTE, FL 33952 US

FEI Number: 46-2014986

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LEMUS, ENRIQUE V
3524 TAMIAMI TRAIL
#103
PORT CHARLOTTE, FL 33952 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: ENRIQUE V LEMUS

04/08/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGRM
Name LEMUS, ENRIQUE V
Address 3524 TAMIAMI TRAIL
#103
City-State-Zip: PORT CHARLOTTE FL 33952

Title MGRM
Name LEMUS, SILVIA L
Address 3524 TAMIAMI TRAIL
#103
City-State-Zip: PORT CHARLOTTE FL 33952

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: ENRIQUE LEMUS

MANAGER

04/08/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date