2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 04, 2025
Secretary of State
2270772302CC

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Entity Name: ASPIRE TOTAL WELLNESS LLC

Current Principal Place of Business:

429 N FEDERAL HWY
POMPANO BEACH, FL 33062

Current Mailing Address:

429 N FEDERAL HWY
POMPANO BEACH, FL 33062 US

FEI Number: 45-3597661

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 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	FILEWICH, LEIGH
Address	3100 NE 49TH STREET APT 206
City-State-Zip:	FORT LAUDERDALE FL 33308

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: LEIGH FILEWICH OWNER 04/04/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date