

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L14000148362

Entity Name: SHANNON THIGPEN WELLNESS, LLC

Current Principal Place of Business:

14910 N. DALE MABRY HWY
PO BOX 340372
TAMPA, FL 33618-1814

Current Mailing Address:

PO BOX 340372
TAMPA, FL 33694-0372 US

FEI Number: 47-1915949

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

THIGPEN, SHANNON M
14910 N. DALE MABRY HWY
PO BOX 340372
TAMPA, FL 33618-1814 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 THIGPEN, SHANNON M
Address 14910 N. DALE MABRY HWY
PO BOX 340372
City-State-Zip: TAMPA FL 33618-1814

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: SHANNON THIGPEN

MANAGER

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date