

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L14000153752

**Entity Name:** ADVANCED WELLNESS SOLUTIONS LLC

**Current Principal Place of Business:**

729 SW FEDERAL HWY  
STE 102  
STUART, FL 34994

**Current Mailing Address:**

729 SW FEDERAL HWY  
STE 102  
STUART, FL 34994 US

**FEI Number:** 37-1768800

**Certificate of Status Desired:** No

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

HURD, DANIELLE C DR.  
729 SW FEDERAL HWY  
STE 102  
STUART, FL 34994 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 HURD, DANIELLE C DR.  
Address 729 SW FEDERAL HWY  
STE 102  
City-State-Zip: STUART FL 34994

*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:** DANIELLE HURD

**OWNER**

**04/27/2023**

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

\_\_\_\_\_  
Date