2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
May 01, 2025
Secretary of State
9021000336CC

DOCUMENT# L15000180635

Entity Name: ACORN WELLNESS CENTER, LLC

Current Principal Place of Business:

2506 ACORN STREET
SUITE C
FORT PIERCE, FL 34947

Current Mailing Address:

2506 ACORN STREET
SUITE C
FORT PIERCE, FL 34947 US

FEI Number: 47-5394644

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

GREENBERG, DR. NICOLE L
2506 ACORN STREET
SUITE C
FORT PIERCE, FL 34947 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: DR. NICOLE L GREENBERG 05/01/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MGR
Name	GREENBERG, DR. NICOLE L
Address	2506 ACORN STREET SUITE C
City-State-Zip:	FORT PIERCE FL 34947

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: GREENBERG , DR. NICOLE L OWNER 05/01/2025

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