

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000080848

**Entity Name:** WELLNESS LIVING IN PLANTATION LLC

**Current Principal Place of Business:**

221 NW 49TH AVE  
PLANTATION, FL 33317

**Current Mailing Address:**

221 NW 49TH AVE  
PLANTATION, FL 33317 US

**FEI Number:** 81-2368892

**Certificate of Status Desired:** No

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

GRANT, JULIA  
221 NW 49TH AVE  
PLANTATION, FL 33317 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            PRESIDENT  
Name            JULIA, GRANT  
Address        211 NW 49TH AVE  
City-State-Zip: PLANTATION FL 33317

Title            CFO  
Name            ORPHE, BRITNEE S  
Address        12391 NW 2ND STREET  
City-State-Zip: PLANTATION FL 33325

Title            MANAGER  
Name            ORPHE, EMILY MAHALEY  
Address        12391 NORTHWEST 2ND STREET  
City-State-Zip: PLANTATION FL 33325

*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:** JULIA GRANT

**PRESIDENT**

**04/02/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date