

2025 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	Title	CFO
Name	JULIA, GRANT	Name	ORPHE, BRITNEE S
Address	211 NW 49TH AVE	Address	12391 NW 2ND STREET
City-State-Zip:	PLANTATION FL 33317	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

04/11/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date