

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L16000087690

**Entity Name:** WELLNESS COMMUNICATIONS, LLC

**Current Principal Place of Business:**

5108 CAROLLWOOD MEADOWS DR  
TAMPA, FL 33625

**Current Mailing Address:**

PO BOX 272803  
TAMPA, FL 33688 US

**FEI Number:** 81-2580611

**Certificate of Status Desired:** No

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

PELAEZ, IVONNE  
5108 CARROLLWOOD MEADOWS DR  
TAMPA, FL 33625 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 PELAEZ, IVONNE  
Address PO BOX 272803  
City-State-Zip: TAMPA FL 33688

*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:** IVONNE PELAEZ

**OWNER**

**04/28/2025**

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

\_\_\_\_\_  
Date