2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2025
Secretary of State
7847365369CC

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Entity Name: MW WELLNESS V, LLC

Current Principal Place of Business:

509 S HYDE PARK AVE
TAMPA, FL 33606

Current Mailing Address:

509 S HYDE PARK AVE
TAMPA, FL 33606

FEI Number: 38-4012057

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

TREBON, COLETTE ESQ.
509 S HYDE PARK AVE
TAMPA, FL 33606 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: COLETTE TREBON 03/26/2025

Electronic Signature of Registered Agent — Date

Authorized Person(s) Detail :

Title	MANAGER, CEO	Title	MANAGER, CFO
Name	PETRANICK, BRIAN	Name	COOK, SHARLA
Address	509 S HYDE PARK AVE	Address	509 S HYDE PARK AVE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606
Title	COO	Title	GENERAL COUNSEL
Name	OBRINGER, CHAROLETTE	Name	TREBON, COLETTE ESQ.
Address	509 S HYDE PARK AVE	Address	509 S HYDE PARK AVE
City-State-Zip:	TAMPA FL 33606	City-State-Zip:	TAMPA FL 33606

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: COLETTE TREBON GENERAL COUNSEL 03/26/2025

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