

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L17000132970

**Entity Name:** WELLNESS MESSAGE LLC

**Current Principal Place of Business:**

1904 ISABELLA AVE.  
PANAMA CITY, FL 32405

**Current Mailing Address:**

1904 ISABELLA AVE  
PANAMA CITY, FL 32405 UN

**FEI Number:** 82-1895360

**Certificate of Status Desired:** Yes

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

FOWLER-PYLE, ANN M  
1904 ISABELLA AVE  
PANAMA CITY, FL 32405 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:** ANN FOWLER-PYLE

03/18/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name FOWLER-PYLE, ANN M  
Address 1904 ISABELLA AVE  
City-State-Zip: PANAMA CITY FL 32405

*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:** ANN FOWLER-PYLE

03/18/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date