

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000022635

**Entity Name:** DARAJA WELLNESS, LLC

**Current Principal Place of Business:**

916 NW 146TH STREET  
MIAMI, FL 33168

**Current Mailing Address:**

916 NW 146TH STREET  
MIAMI, FL 33168 US

**FEI Number: 82-4187626**

**Certificate of Status Desired: Yes**

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

BROWN, CARRICE A  
916 NW 146TH STREET  
MIAMI, FL 33168 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           MANAGER  
Name           BROWN, CARRICE A  
Address        916 NW 146TH STREET  
City-State-Zip: MIAMI FL 33168

*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: CARRICE BROWN**

**MANAGER**

**04/16/2024**

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

\_\_\_\_\_  
Date