

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000026242

**Entity Name:** SARAH GEHA WELLNESS LLC

**Current Principal Place of Business:**

PO 950326  
LAKE MARY, FL 32746

**Current Mailing Address:**

PO BOX 950326  
LAKE MARY, FL 32746 US

**FEI Number: 82-4290472**

**Certificate of Status Desired:** No

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

GEHA, SARAH  
BOX 950326  
LAKE MARY, FL 32746 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 GEHA, SARAH  
Address PO BOX 950326  
City-State-Zip: LAKE MARY FL 32746

*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:** SARAH GEHA

**OWNER**

**04/04/2023**

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

\_\_\_\_\_  
Date