

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000034595

Entity Name: ABSOLUTE WELLNESS, LLC

Current Principal Place of Business:

6426 HICKORY BELL DRIVE
MURFREESBORO, TN 37128

Current Mailing Address:

6426 HICKORY BELL DRIVE
MURFREESBORO, TN 37128 US

FEI Number: 20-5910526

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

REGISTERED AGENT SOLUTIONS, INC.
2894 REMINGTON GREEN LANE
SUITE A
TALLAHASSEE, FL 32308 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: JACLYN WRIGHT, ASST SECRETARY

01/04/2024

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MEMBER, MANAGER
Name ELLIS, CURTIS
Address 6426 HICKORY BELL DRIVE
City-State-Zip: MURFREESBORO TN 37128

Title MANAGER, MEMBER
Name ELLIS, BREANN
Address 6426 HICKORY BELL DRIVE
City-State-Zip: MURFREESBORO TN 37128

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: BREANN ELLIS

MANAGER

01/04/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date