

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000085122

**Entity Name:** BE WELL HEALTH AND WELLNESS CENTER LLC

**Current Principal Place of Business:**

2549 1ST AVENUE SOUTH  
SAINT PETERSBURG, FL 33712

**Current Mailing Address:**

593 HARTMAN ROAD  
WINSTON SALEM, NC 27127 US

**FEI Number:** APPLIED FOR

**Certificate of Status Desired:** Yes

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

STATON, KALYN  
3034 2ND AVE N  
SAINT PETERSBURG, FL 33713 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 STATON, KALYN M  
Address 593 HARTMAN RAOD  
City-State-Zip: WINSTON SALEM NC 27127

*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:** KALYN STATON

**OWNER**

**04/10/2021**

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

\_\_\_\_\_ Date