

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000171643

**Entity Name:** BAY AREA WOMEN'S WELLNESS, LLC

**Current Principal Place of Business:**

3165 MCMULLEN BOOTH RD.  
SUITE G-1  
CLEARWATER, FL 33761

**Current Mailing Address:**

3165 MCMULLEN BOOTH RD.  
SUITE G-1  
CLEARWATER, FL 33761 US

**FEI Number:** 83-1279439

**Certificate of Status Desired:** No

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

ST. JOHN, PATRICIA A  
304 MAGNOLIA DRIVE  
CLEARWATER, FL 33756 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 ST. JOHN, PATRICIA A  
Address 304 MAGNOLIA DRIVE  
City-State-Zip: CLEARWATER FL 33756

Title MGR  
Name RUIZ, IVELISSE  
Address 3608 TRAFALGAR WAY  
UNIT 105  
City-State-Zip: TARPON SPRINGS FL 34685

*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:** PATRICIA ST. JOHN MD

**MANAGER**

**02/21/2025**

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

\_\_\_\_\_  
Date