

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000198146

**Entity Name:** SENIOR YOGA WELLNESS LLC

**Current Principal Place of Business:**

1359 DINSMORE ST  
NORTH PORT, FL 34288

**Current Mailing Address:**

1359 DINSMORE ST  
NORTH PORT, FL 34288 UN

**FEI Number:** 83-1668454

**Certificate of Status Desired:** No

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

REGISTERED AGENTS INC.  
7901 4TH STREET NORTH  
SUITE 300  
ST.PETERSBURG, FL 33702 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            AMBR  
Name            PIERCE, DAN W JR  
Address        1359 DINSMORE ST  
City-State-Zip: NORTH PORT FL 34288

Title            AMBR  
Name            SINGH, BRINDA  
Address        1359 DINSMORE ST  
City-State-Zip: NORTH PORT FL 34288

*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:** DAN W PIERCE JR

AMBR

04/29/2024

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

\_\_\_\_\_  
Date