

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000199300

Entity Name: SHAW WELLNESS LAB, LLC

Current Principal Place of Business:

220 DENALI ST
HAINES CITY, FL 33844

Current Mailing Address:

220 DENALI ST
HAINES CITY, FL 33844 US

FEI Number: 83-1630183

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

LOPEZ SHAW, STEFANIE
220 DENALI ST
HAINES CITY, FL 33844 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 LOPEZ SHAW, STEFANIE
Address 220 DENALI ST
City-State-Zip: HAINES CITY FL 33844

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: STEFANIE LOPEZ SHAW

MANAGER

04/30/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date