## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000267344

Entity Name: HEALTH WELLNESS MANAGEMENT OF CENTRAL FLORIDA,

LLC

FILED
Mar 17, 2025
Secretary of State
3968206029CC

## **Current Principal Place of Business:**

1652 TAYLOR ROAD STE. 303 PORT ORANGE, FL 32128

# **Current Mailing Address:**

3703 S. ATLANTIC AVENUE UNIT 1004 DAYTONA BEACH SHORES, FL 32118

FEI Number: 83-2585107 Certificate of Status Desired: No

## Name and Address of Current Registered Agent:

STEWART, TODD A 3703 S. ATLANTIC AVENUE UNIT 1004 DAYTONA BEACH, FL 32118 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 STEWART, TODD A

Address 3703 S. ATLANTIC AVENUE UNIT 1004

City-State-Zip: DAYTONA BEACH FL 32118

SIGNATURE: TODD A. STEWART

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.

Electronic Signature of Signing Authorized Person(s) Detail

MANAGING PARTNER

03/17/2025

Date