

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L18000283025

Entity Name: MORPHEUS WELLNESS L.L.C.**Current Principal Place of Business:**6421 N. FLORIDA AVE. D-1163
TAMPA, FL 33604**Current Mailing Address:**6421 N. FLORIDA AVE. D-1163
TAMPA, FL 33604 US**FEI Number:** 83-4584083**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**WALTON, ROBERT S.
1304 S. DE SOTO AVE.
STE. 303
TAMPA, FL 33606 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:** ROBERT S. WALTON

04/19/2023

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR
Name	PARKS, LYNDIA
Address	6421 N. FLORIDA AVE. D-1163
City-State-Zip:	TAMPA FL 33604

Title	MGR
Name	FLORES, DEAN
Address	6421 N. FLORIDA AVE. D-1163
City-State-Zip:	TAMPA FL 33604

Title	MANAGER, COO
Name	MAGUIRE, EMILY
Address	6421 N. FLORIDA AVE. D-1163
City-State-Zip:	TAMPA FL 33604

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: LYNDIA M. PARKS

MANAGER

04/19/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date