

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L18000291301

**Entity Name:** SIX DEGREES OF WELLNESS LLC

**Current Principal Place of Business:**

7932 WEST SAND LAKE RD  
SUITE 305  
ORLANDO, FL 32819

**Current Mailing Address:**

1203 LEGENDARY BLVD  
CLERMONT, FL 34711 US

**FEI Number:** 83-3006380

**Certificate of Status Desired:** No

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

JIMENEZ, HARLYN M  
1203 LEGENDARY BLVD  
CLERMONT, FL 34711 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:** HARLYN JIMENEZ

01/25/2023

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title	CEO	Title	PRESIDENT
Name	JIMENEZ, HARLYN	Name	JIMENEZ, MICHELE L MRS
Address	7932 WEST SAND LAKE RD SUITE 305	Address	1203 LEGENDARY BLVD
City-State-Zip:	ORLANDO 32819	City-State-Zip:	CLERMONT FL 34711

*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:** MICHELE JIMENEZ

PRESIDENT

01/25/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date