

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000040481

**Entity Name:** TRI-WELLNESS LLC

**Current Principal Place of Business:**

7627 SW 102 PLACE  
MIAMI, FL 33173

**Current Mailing Address:**

7627 SW 102 PLACE  
MIAMI, FL 33173

**FEI Number:** 83-3629966

**Certificate of Status Desired:** No

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

SIMMONDS, MARCUS  
7627 SW 102 PLACE  
MIAMI, FL 33177 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              | Title           | MGR               |
| Name            | SIMMONDS, MARCUS | Name            | SIMMONDS, MONIQUE |
| Address         | PO BOX 771210    | Address         | PO BOX 771210     |
| City-State-Zip: | MIAMI FL 33177   | City-State-Zip: | MIAMI FL 33177    |

*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:** MARCUS SIMMONDS

**MGR**

**02/06/2020**

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

\_\_\_\_\_  
Date