

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000045543

**Entity Name:** DM WELLNESS LLC

**Current Principal Place of Business:**

8433 EGRET MEADOW LANE  
WEST PALM BEACH, FL 33412

**Current Mailing Address:**

8433 EGRET MEADOW LANE  
WEST PALM BEACH, FL 33412

**FEI Number:** 83-3585010

**Certificate of Status Desired:** No

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

NAFTALY, DAVID  
8433 EGRET MEADOW LANE  
WEST PALM BEACH, FL 33412 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 NAFTALY, DAVID  
Address 8433 EGRET MEADOW LANE  
City-State-Zip: WEST PALM BEACH FL 33412

*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:** DAVID NAFTALY

MR.

02/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date