

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000077176

**Entity Name:** M3 TOTAL WELLNESS, LLC

**Current Principal Place of Business:**

9950 SHERIDAN ST  
309  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

9950 SHERIDAN ST  
309  
PEMBROKE PINES, FL 33024 US

**FEI Number:** 85-3196054

**Certificate of Status Desired:** No

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

FRANCO, EVIJOHN J  
9950 SHERIDAN ST  
309  
PEMBROKE PINES, FL 33024 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:** EVIJOHN JESSE FRANCO

02/04/2025

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, AUTHORIZED MEMBER,  
                    AUTHORIZED REPRESENTATIVE  
  
Name            FRANCO, EVIJOHN J  
  
Address        9950 SHERIDAN ST  
                    309  
  
City-State-Zip:   PEMBROKE PINES FL 33024

*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:** EVIJOHN FRANCO

**OWNER**

02/04/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date