

2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L19000086644

Entity Name: ELITE MEDICAL AND WELLNESS CENTER LLC

Current Principal Place of Business:

733 DUNLAWTON AVE
SUITE 101
PORT ORANGE, FL 32127

Current Mailing Address:

733 DUNLAWTON AVE
SUITE 101
PORT ORANGE, FL 32127 US

FEI Number: 83-4183581

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

JACKSON, WILLIAM
840 WEST RIVER OAK DRIVE
ORMOND BEACH, FL 32174 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: WILLIAM JACKSON

03/31/2022

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title	MGR	Title	MANAGER
Name	JACKSON, WILLIAM	Name	ROSA, CAMMIE LEE
Address	840 WEST RIVER OAK DRIVE	Address	840 W RIVER OAK DRIVE
City-State-Zip:	ORMOND BEACH FL 32174	City-State-Zip:	ORMOND BEACH FL 32174

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: CAMMIE LEE ROSA

MANAGER

03/31/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date