

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000163368

Entity Name: HOPE'S NEW WELLNESS CENTER LLC

Current Principal Place of Business:

1000 LAKEVIEW ROAD
SUITE 3
CLEARWATER, FL 33756

Current Mailing Address:

16416 US HWY 19 N
LOT 836
CLEARWATER, FL 33764 US

FEI Number: 84-4024260

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ELEVATE ACCOUNTING SOLUTIONS LLC
4009 INDIANAPOLIS ST NE
SAINT PETERSBURG, FL 33703 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: LINDSAY R KERVIN

05/01/2021

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MGR
Name PORTERFIELD, ANGELA
Address 16416 US HWY 19 N
LOT 836
City-State-Zip: CLEARWATER FL 33764

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: ANGELA PORTERFIELD

MGR

05/01/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date