

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000177832

**Entity Name:** SIZAR WELLNESS LLC

**Current Principal Place of Business:**

1500 CENTRAL AVE SW  
#314  
ALBUQUERQUE, NM 87104

**Current Mailing Address:**

1500 CENTRAL AVE SW  
#314  
ALBUQUERQUE, NM 87104 US

**FEI Number:** 84-3658183

**Certificate of Status Desired:** No

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

SIZAR, OMEED  
524 ALCAZAR AVE  
N/A  
CORAL GABLES, FL 33134 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 SIZAR, OMEED  
Address 1500 CENTRAL AVE SW  
#314  
City-State-Zip: ALBUQUERQUE NM 87104

*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:** OMEED SIZAR

**MANAGER**

**04/15/2021**

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

\_\_\_\_\_  
Date