

2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000188300

Entity Name: RIVERS WELLNESS LLC

Current Principal Place of Business:

1810 NW 6TH STREET
SUITE C
GAINESVILLE, FL 32609

Current Mailing Address:

P.O. BOX 14874
GAINESVILLE, FL 32604 US

FEI Number: 84-3125047

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

RIVERS, BRITTANY L
1810 NW 6TH STREET
SUITE C
GAINESVILLE, FL 32609 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 MGRM
Name RIVERS, BRITTANY L
Address 1810 NW 6TH STREET
SUITE C
City-State-Zip: GAINESVILLE FL 32609

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: BRITTANY L RIVERS

OWNER

01/12/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date