

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000189834

**Entity Name:** AWAKEN YOGA AND WELLNESS LLC

**Current Principal Place of Business:**

4317 ARLEY PLACE  
VALRICO, FL 33596

**Current Mailing Address:**

4317 ARLEY PLACE  
VALRICO, FL 33596 US

**FEI Number: 84-2640942**

**Certificate of Status Desired: No**

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

MARTIN, STEPHANIE  
4317 ARLEY PLACE  
VALRICO, FL 33596 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	Title	AUTHORIZED REPRESENTATIVE
Name	MARTIN, STEPHANIE	Name	MARTIN, CHRISTOPHER J
Address	4317 ARLEY PLACE	Address	4317 ARLEY PLACE
City-State-Zip:	VALRICO FL 33596	City-State-Zip:	VALRICO FL 33596

*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: STEPHANIE K MARTIN**

**OWNER**

**01/26/2024**

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

\_\_\_\_\_  
Date