2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 31, 2025
Secretary of State
8672283974CC

DOCUMENT# L19000195176

Entity Name: ABSOLUTE WELLNESS & PHYSICAL THERAPY LLC

Current Principal Place of Business:

1900 OLEVIA
APT 239
JACKSONVILLE, FL 32207

Current Mailing Address:

1900 OLEVIA
APT 239
JACKSONVILLE, FL 32207 US

FEI Number: 47-4911231

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

ROLAND, WANDA
1900 OLEVIA
APT 239
JACKSONVILLE, FL 32207 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	ROLAND, WANDA
Address	1900 OLEVIA ST APT 239
City-State-Zip:	N. JACKSONVILLE FL 32207

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: WANDA ROLAND OWNER 01/31/2025

Electronic Signature of Signing Authorized Person(s) Detail — Date