

**2020 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000214266

**Entity Name:** HORLER WELLNESS LLC

**Current Principal Place of Business:**

15 PARADISE PLAZA #182  
SARASOTA, FL 34239

**Current Mailing Address:**

15 PARADISE PLAZA #182  
SARASOTA, FL 34239

**FEI Number:** 84-2750192

**Certificate of Status Desired:** No

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

HORLER, MARK  
15 PARADISE PLAZA #182  
SARASOTA, FL 34239 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 AMBR  
Name HORLER, MARK  
Address 15 PARADISE PLAZA #182  
City-State-Zip: SARASOTA FL 34239

Title AMBR  
Name HORLER, KRISTEN  
Address 15 PARADISE PLAZA #182  
City-State-Zip: SARASOTA FL 34239

*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:** MARK HORLER

**MANAGING MEMBER**

**03/13/2020**

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

\_\_\_\_\_  
Date