

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L19000214266

**Entity Name:** HORLER WELLNESS LLC

**Current Principal Place of Business:**

2546 SAN MIGUEL DRIVE  
TALLAHASSEE, FL 32304

**Current Mailing Address:**

2546 SAN MIGUEL DRIVE  
TALLAHASSEE, FL 32304 US

**FEI Number:** 84-2750192

**Certificate of Status Desired:** No

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

HORLER, MARK  
2546 SAN MIGUEL DRIVE  
TALLAHASSEE, FL 32304 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:** MARK HORLER

03/30/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name HORLER, MARK  
Address 2546 SAN MIGUEL DRIVE  
City-State-Zip: TALLAHASSEE FL 32304

Title AMBR  
Name HORLER, KRISTEN  
Address 2546 SAN MIGUEL DRIVE  
City-State-Zip: TALLAHASSEE FL 32304

*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

/MARKHORLER/

03/30/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date