

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L19000244727

Entity Name: REFLECTIONS WOUNDCARE AND WELLNESS CENTERS LLC

Current Principal Place of Business:

13442 TEDDINGTON LN
JACKSONVILLE, FL 32226

Current Mailing Address:

13442 TEDDINGTON LN
JACKSONVILLE, FL 32226 US

FEI Number: 84-3761411

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

LUDWIG HULSEY, P.A.
5150 BELFORT ROAD
BUILDING 500
JACKSONVILLE, FL 32256 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 HULSEY IV

03/01/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGER
Name MONTICONE, TRACY
Address 13442 TEDDINGTON LN
City-State-Zip: JACKSONVILLE FL 32226

Title MANAGER
Name AMANDAPAIGE, LLC
Address 2912 ST. JOHNS AVENUE
 #4
City-State-Zip: JACKSONVILLE FL 32205

Title MANAGER
Name RUCKHUS STUDIOS, LLC
Address 1817 W. WINDY WAY
City-State-Zip: JACKSONVILLE FL 32226

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: TRACY MONTICONE

OWNER

03/01/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date