

**2021 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:** No**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

04/18/2021

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:** AMANDA TRESOT

MANAGER

04/18/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date