

**2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000008230

**Entity Name:** BETTER WELLNESS NATURALLY, LLC

**Current Principal Place of Business:**

8051 NORTH TAMIAMI TRAIL  
STE F-2  
SARASOTA, FL 34243

**Current Mailing Address:**

8051 NORTH TAMIAMI TRAIL  
STE F-2  
SARASOTA, FL 34243 UN

**FEI Number:** 84-4274199

**Certificate of Status Desired:** No

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

GARRISON, LAURA PHD  
8051 NORTH TAMIAMI TRAIL  
35281  
SAINT PETERSBURG, FL 33705 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 GARRISON, PHD, LAURA  
Address 8051 NORTH TAMIAMI TRAIL, STE F-2  
City-State-Zip: SARASOTA FL 34243

*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:** LAURA GARRISON, PHD

MGR

02/19/2022

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

\_\_\_\_\_  
Date