

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000060215

Entity Name: INVIGORATE WELLNESS MEDICAL LLC

Current Principal Place of Business:

17234 WHISPER BREEZE WAY
LAND O LAKES, FL 34638

Current Mailing Address:

17234 WHISPER BREEZE WAY
LAND O LAKES, FL 34638 US

FEI Number: 84-4739125

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

KAKAES, SARAFEM
17234 WHISPER BREEZE WAY
LAND O LAKES, FL 34638 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 KAKAES, SARAFEM
Address 17234 WHISPER BREEZE WAY
City-State-Zip: LAND O'LAKES FL 34638

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: SARAFEM KAKAES

AMBR

02/02/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date