

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000069318

Entity Name: CIPHER WELLNESS LLC**Current Principal Place of Business:**12917 THE WOODS DRIVE SOUTH
JACKSONVILLE, FL 32246**Current Mailing Address:**12917 THE WOODS DRIVE SOUTH
JACKSONVILLE, FL 32246**FEI Number:** 84-5036054**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**HOLMES, DEDRIC
12917 THE WOODS DRIVE SOUTH
JACKSONVILLE, FL 32246 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	HOLMES, DEDRIC
Address	12917 THE WOODS DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32246

Title	AMBR
Name	MARABLE, JOSHUA
Address	PO BOX 3340
City-State-Zip:	BOULDER CO 80307

Title	AMBR
Name	WILSON, BYRON
Address	477 PEACE PORTAL DR. STE 107-190
City-State-Zip:	BLAINE WA 98230
Title	CFO
Name	AOTANI, CREIGHTON SR.
Address	12917 THE WOODS DRIVE SOUTH
City-State-Zip:	JACKSONVILLE FL 32246

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: DEDRIC HOLMES

CEO

04/16/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date