

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000107532

**Entity Name:** FLORIDA WELLNESS CARE LLC

**Current Principal Place of Business:**

113 WOODLEAF DR  
WINTER SPRINGS, FL 32708

**Current Mailing Address:**

PO BOX 196863  
WINTER SPRINGS, FL 32719

**FEI Number:** 85-0927836

**Certificate of Status Desired:** No

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

DIBELLA, LINDA  
113 WOODLEAF DR  
WINTER SPRINGS, FL 32708 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 DIBELLA, LINDA  
Address PO BOX 196863  
City-State-Zip: WINTER SPRINGS FL 32708

*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:** LINDA DIBELLA

MANAGER

04/01/2023

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

\_\_\_\_\_ Date