

2021 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

MGR

04/06/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date