

**2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000144248

**Entity Name:** FOCUS BODY WELLNESS, LLC \*\*\*\*\*NOTE\*\*\*\*\*

**Current Principal Place of Business:**

10011 PINES BLVD  
SUITE 203  
PEMBROKE PINES, FL 33024

**Current Mailing Address:**

2413 MAIN STREET  
#210  
MIRAMAR, FL 33025 US

**FEI Number:** NOT APPLICABLE

**Certificate of Status Desired:** No

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

FORCADES CRESPO, NORDIS  
4500 NW 179 ST  
MIAMI GARDENS, FL 33055 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 FORCADES CRESPO, NORDIS  
Address 4500 NW 179 ST  
City-State-Zip: MIAMI GARDENS FL 33055

Title AP  
Name FORCADES CRESPO, NORDIS  
Address 4500 NW 179 ST  
City-State-Zip: MIAMI GARDENS FL 33055

*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:** NORDIS FORCADES CRESPO

**PRESIDENT**

**05/01/2023**

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

\_\_\_\_\_  
Date