

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000149396

**Entity Name:** NATURALISTIC HEALTH & WELLNESS, LLC

**Current Principal Place of Business:**

206 CROWN ST  
WINTER HAVEN, FL 33880

**Current Mailing Address:**

PO BOX 784  
WINTER HAVEN, FL 33882 US

**FEI Number:** 85-1248793

**Certificate of Status Desired:** Yes

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

BOSWELL-PHILOGENE, KENDRA NICOLE  
206 CROWN ST  
WINTER HAVEN, FL 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:** KENDRA BOSWELL-PHILOGENE

02/10/2024

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title            PRESIDENT, MANAGER, OWNER  
Name            BOSWELL-PHILOGENE, KENDRA  
                    NICOLE  
Address        206 CROWN ST  
City-State-Zip: WINTER HAVEN FL 33880

*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:** KENDRA BOSWELL-PHILOGENE

PRESIDENT, OWNER,  
MANAGER

02/10/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date