

**2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000265855

**Entity Name:** BETTERLIFE12 LLC

**Current Principal Place of Business:**

1299 COLT CREEK PL  
WESLEY CHAPEL, FL 33543

**Current Mailing Address:**

1299 COLT CREEK PL  
WESLEY CHAPEL, FL 33543 US

**FEI Number:** 92-3227691

**Certificate of Status Desired:** Yes

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

EKHOMU, NICOLE  
1299 COLT CREEK PL  
WESLEY CHAPEL, FL 33543 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 AR  
Name EKHOMU, NICOLE  
Address 1299 COLT CREEK PL  
City-State-Zip: WESLEY CHAPEL FL 33543

Title AR  
Name BALLARD, DEBRA  
Address 1369 ROSEMARY DR.  
City-State-Zip: BOLINGBROOK IL 60490

*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:** NICOLE EKHOMU

**FOUNDER**

**02/04/2025**

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

\_\_\_\_\_  
Date