

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000306375

**Entity Name:** TO YOUR HEALTH AND WELLNESS, LLC

**Current Principal Place of Business:**

1050 NW 8TH AVE  
UNIT 20  
GAINESVILLE, FL 32601

**Current Mailing Address:**

12918 SW 28TH PLACE  
ARCHER, FL 32618 US

**FEI Number:** 85-3215538

**Certificate of Status Desired:** No

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

MUNKSGARD, JENNIFER  
12918 SW 28TH PLACE  
ARCHER, FL 32618 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                 | Title           | AMBR                |
| Name            | MUNKSGARD, JENNIFER | Name            | CAUDLE, ERIN        |
| Address         | 12918 SW 28TH PLACE | Address         | 12918 SW 28TH PLACE |
| City-State-Zip: | ARCHER FL 32618     | City-State-Zip: | ARCHER FL 32618     |

*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:** JENNIFER MUNKSGARD

MGR

03/02/2021

Electronic Signature of Signing Authorized Person(s) Detail

Date