## 2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000348609

Entity Name: TURNING POINT WELLNESS COACHING LLC

**Current Principal Place of Business:** 

8168 SPEARFISH AVE ORLANDO, FL 32822

**Current Mailing Address:** 

8168 SPEARFISH AVE ORLANDO, FL 32822 US

FEI Number: 85-3908867 Certificate of Status Desired: No

Name and Address of Current Registered Agent:

AMATO, MICHELLE 8168 SPEARFISH AVE ORLANDO, FL 32822 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

**FILED** Apr 22, 2025

**Secretary of State** 

8710868537CC

## Authorized Person(s) Detail:

Title MGR

Name AMATO, MICHELLE Address 8168 SPEARFISH AVE City-State-Zip: ORLANDO FL 32822

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: MICHELLE AMATO **MGR** 

Electronic Signature of Signing Authorized Person(s) Detail

04/22/2025

Date