

2025 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L20000370798

Entity Name: THE WELLNESS AND HYDRATION CLINIC, LLC.

Current Principal Place of Business:

580 LEXINGTON GREEN LANE
SANFORD, FL 32771

Current Mailing Address:

580 LEXINGTON GREEN LANE
SANFORD, FL 32771 US

FEI Number: 85-4173105

Certificate of Status Desired: Yes

Name and Address of Current Registered Agent:

J CARROLL, BIANCA
929 ABBY TERRACE
DELTONA, FL 32725 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: BIANCA J CARROLL

04/29/2025

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title AMBR
Name CARROLL, BIANCA J
Address 929 ABBY TERRACE
City-State-Zip: DELTONA FL 32725

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: BIANCA J. CARROLL

AMBR

04/29/2025

Electronic Signature of Signing Authorized Person(s) Detail

Date