

**2023 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:**

BURNETT, BIANCA J  
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:**

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title AMBR  
Name BURNETT, 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 BURNETT**

AMBR

03/21/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date