

**2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L20000379003

**Entity Name:** GREENLYFE HEALTH & WELLNESS LLC

**Current Principal Place of Business:**

18801 N DALE MABRE HIGHWAY PMB  
LUTZ, FL 33548

**Current Mailing Address:**

14613 DUNROBIN DR  
WIMAUMA, FL 33598 US

**FEI Number: 86-3440053**

**Certificate of Status Desired:** No

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

KEEL, ISIAH D SR.  
18801 N DALE MABRE HIGHWAY PMB  
LUTZ, FL 33548 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 CEO  
Name KEEL, ISIAH D  
Address 14613 DUNROBIN DR  
City-State-Zip: WIMAUMA FL 33598

Title MGR  
Name ARNOLD, LATRECIA SHANELL  
Address 10537 CEDAR PINE DRIVE, BLDG #1  
City-State-Zip: NEW TAMPA 33647

Title MANAGER  
Name BAKER, KEIERICA AJ  
Address 14613 DUNROBIN DR  
City-State-Zip: WIMAUMA FL 33598

*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: ISIAH KEEL**

**CEO**

**03/25/2024**

Electronic Signature of Signing Authorized Person(s) Detail

Date