

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000004455

Entity Name: PROFESSIONAL WELLNESS ASSOCIATES LLC.

Current Principal Place of Business:

16855 NE 2ND AVE
101N
NORTH MIAMI BEACH, FL 33162

Current Mailing Address:

16855 NE 2ND AVE
101N
NORTH MIAMI BEACH, FL 33162 US

FEI Number: 86-1296659

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

SZALAJKO, JENNIFER
16855 NE 2ND AVE
101N
MIAMI BEACH, FL 33162 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 SZALAJKO, JENNIFER
Address 16855 NE 2ND AVE
 101N
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title AMBR
Name DOBELIS, IVAR
Address 3746 MAPLE AVE
City-State-Zip: BROOKLYN NY 11224

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 SZALAJKO

CEO

02/08/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date