

**2021 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L21000004455

**Entity Name:** PROFESSIONAL WELLNESS ASSOCIATES LLC.

**Current Principal Place of Business:**

16855 NE 2ND AVE  
NORTH MIAMI BEACH, FL 33162

**Current Mailing Address:**

16909 N BAY RD  
116  
SUNNY ISLES BEACH, FL 33160 US

**FEI Number:** 86-1296659

**Certificate of Status Desired:** Yes

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

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

*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

01/27/2021

\_\_\_\_\_ Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_ Date