

**2022 FLORIDA LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# L21000008577

**Entity Name:** LIBERTY WELLNESS CONSULTANTS LLC

**Current Principal Place of Business:**

3215 SE WEST SNOW RD  
PORT SAINT LUCIE, FL 34984

**Current Mailing Address:**

3215 SE WEST SNOW RD  
PORT SAINT LUCIE, FL 34984 UN

**FEI Number: 86-2501649**

**Certificate of Status Desired: No**

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

LIBERTY WELLNESS CONSULTANTS LLC  
3215 SE WEST SNOW RD  
PORT SAINT LUCIE, FL 34984 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:** OSVALDO SANTOS

04/23/2022

Electronic Signature of Registered Agent

Date

**Authorized Person(s) Detail :**

Title MGR  
Name SANTOS, OSVALDO  
Address 3215 SE WEST SNOW RD  
City-State-Zip: PORT SAINT LUCIE FL 34984

*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:** OSVALDO SANTOS

C.E.O

04/23/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date