

2022 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000009667

Entity Name: VICTORIA WELLNESS WORKS LLC

Current Principal Place of Business:

387 CEDARSTONE WAY
ST AUGUSTINE, FL 32092

Current Mailing Address:

387 CEDARSTONE WAY
ST AUGUSTINE, FL 32092

FEI Number: 86-1479000

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CHRISTENSEN, REID M
387 CEDARSTONE WAY
ST AUGUSTINE, FL 32092 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 CHRISTENSEN, VICTORIA
Address 387 CEDARSTONE WAY
City-State-Zip: ST AUGUSTINE FL 32092

Title MGR
Name CHRISTENSEN, REID M
Address 387 CEDARSTONE WAY
City-State-Zip: ST AUGUSTINE FL 32092

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: REID CHRISTENSEN

MANAGER

04/12/2022

Electronic Signature of Signing Authorized Person(s) Detail

Date