

2024 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000058077

Entity Name: REVAMPED WELLNESS LLC

Current Principal Place of Business:

35145 SAINT JOE RD
DADE CITY, FL 33525

Current Mailing Address:

35145 SAINT JOE RD
DADE CITY, FL 33525 UN

FEI Number: 86-2068850

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DENEVE, LAUREN N
35145 SAINT JOE RD
DADE CITY, FL 33525 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 AR
Name DENEVE, RICHARD
Address 35041 SAINT JOE RD
City-State-Zip: DADE CITY FL 33525

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: RICHARD DENEVE

03/18/2024

Electronic Signature of Signing Authorized Person(s) Detail

Date