

2023 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L21000090633

Entity Name: DAVIS FAMILY WELLNESS, LLC

Current Principal Place of Business:

1715 EATON DR. NE
CLEARWATER, FL 33756

Current Mailing Address:

1715 EATON DR. NE
CLEARWATER, FL 33756 US

FEI Number: 86-2433772

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

DAVIS, JOHN R
1715 EATON DR. NE
CLEARWATER, FL 33756 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 MGR
Name DAVIS, JOHN R
Address 1715 EATON DR. NE
City-State-Zip: CLEARWATER FL 33756

Title AMBR
Name DAVIS, JOHN R
Address 1715 EATON DR. NE
City-State-Zip: CLEARWATER FL 33756

Title MGR
Name DAVIS, LINDSAY K
Address 1715 EATON DR. NE
City-State-Zip: CLEARWATER FL 33756

Title AMBR
Name DAVIS, LINDSAY K
Address 1715 EATON DR. NE
City-State-Zip: CLEARWATER FL 33756

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: LINDSAY DAVIS

OWNER

01/20/2023

Electronic Signature of Signing Authorized Person(s) Detail

Date